

Personal Profile "Tell us about you"

We want to help you! Please take a few minutes to provide us with some personal information. You can answer the question yourself or work through these with your instructor.

Your first name _____ Your Surname _____
Your Address _____ Postcode _____
Mobile _____ Home Phone _____ Work Phone _____
Your Email _____ Your DOB _____
Emergency Contact Name _____ Their Phone _____
Your Occupation _____ Today's Date _____

Health and Fitness Goals

What do you hope to achieve from your exercise program? Please circle the number which best represents the importance of this goal where 1=Extremely important, 3=Somewhat important and 5= Not important.

I need to get fitter	1	2	3	4	5	Other important goals ?
I need to get stronger	1	2	3	4	5	
I need to more energy	1	2	3	4	5	
I want more muscle	1	2	3	4	5	
I want muscle definition	1	2	3	4	5	
I want to lose weight	1	2	3	4	5	
I want to get more flexible	1	2	3	4	5	

My Number 1 goal right now is _____

I would like to achieve this goal by _____

Why is this goal important to you ? _____

Are there any reason why you can't achieve this goal ? _____

About you

Are you currently exercising or playing sport ? If so, please describe how often and how hard the activity is.

Which Statement describes you the best when it comes to exercise (please circle)

Self Motivate Prefer a training partner Need regular help Tend to lose motivation

In 1-2 Words, describe your current health, fitness and body shape ? _____

Let's be more specific now - Circle the number below to describe how you are feeling at the moment.

How **ENERGETIC** are you ?

1 2 3 4 5 6 7 8 9 10

I just want to sleep

I am the energizer bunny

How **HEALTHY** are you ?

1 2 3 4 5 6 7 8 9 10

I am always sick

What's a doctor ?

How **FIT** do you feel ?

1 2 3 4 5 6 7 8 9 10

I get puffed looking at the stairs

I can run the stairs while talking

How **STRONG** do you feel ?

1 2 3 4 5 6 7 8 9 10

I need help to carry my groceries

I can lift my own bodyweight

Lifestyle Review

How much time can you dedicate to an exercise program ? _____ days/week _____ minutes/day

What time can you exercise (please circle) Early mornings Mornings Afternoon Evenings

What type of exercise/activities interest you (please circle)

Walking Stationary Cycling Swimming Weights Machine Stretching

Running Rowing Machine Cross Trainer Free weights Sport

Group Exercise classes e.g. _____ Other? _____

Are you following a particular eating plan or currently on a diet ? _____

Would you like any guidance with your current eating patterns ? _____

What Changes are you prepared to make to achieve this goals ? _____

Health Check

Your Resting HR is: _____ bpm

Your HR rating is: _____

Your Resting BP is: _____ mmHg

Your BP rating is: _____

Your Waist Measurement is: _____ cm

Your hip measurement is: _____ cm

Your W/H ratio is: _____ cm

Your W/H rating is: _____

Do you have any other conditions or concerns not identified in the Pre-exercise screening questionnaire?

Agreement for participating in Exercise

I acknowledge that it is a condition of participating in exercise that I do so at my own risk

I accept all the risk and hereby indemnify and release the instructor, their agent, affiliates, employees, members sponsors, promoters and any person or body directly and indirectly associated with the trainer, against all liability (including liability for their negligence and the negligence of others) claims, demands, and proceeding arising out of or connected with my participation in this exercise.

I Acknowledge that participating in exercise may involve a risk of serious injury or even death from various causes including: over exertion, dehydration, equipment failure and accidents with equipment and surroundings.

I recognise the difficulties associated with the activity and attest I am physically fit to participate safely in the activity and that a qualified medical practitioner has not advised me otherwise.

I Understand the demanding physical nature of exercise. I am not aware of any medical condition, injury or impairment that will be detrimental to my health if I participate in exercise. In the event that I become aware of any medical condition, injury or impairment that may be detrimental to my health, the instructor will be immediately informed. By continuing to participate in this exercise, I accept the risk despite these conditions and am still, and will always be under the terms of this agreement.

I certify that I am 18 years or older and have read this document and fully understand it OR as a parent or guardian of the participant (a) I agree to the above for myself and on behalf of the participant and (b) I indemnify and will keep indemnified any person or body directly or indirectly associated with the conduct of the exercise on the terms referred to.

Signature: _____ (guardian/parent to sign if under 18 years of age)

Full Name (please print) _____ Date: _____

Instructor's name: _____ Instructor's Signature _____