

WELCOME TO:



BOXING & FITNESS

Title: _____ First Name: _____ Last Name: _____

Address: _____ Suburb: _____ PC: _____

Phone: (H) _____ (W) _____ (M) _____

Date of Birth: _____ Email Address: _____

How did you hear about the gym? Leader Ad Radio Flyer Internet Vehicle
Banner Coupon Existing member

Were you referred by a current Member? (if yes, who?) _____

Emergency contact: Name _____ Phone _____

Are you presently exercising?

YES

NO

What type of exercise? _____
How many times per week? _____
How long have you been doing it? _____

Have you exercised in the past? Yes No
If Yes, what was it? _____
How long ago? _____
How many times per week? _____

What results do you want to achieve?

Weight Loss / Reduce Body Fat Stress Management Feel & Look good
Improve Self Esteem Increase fitness Improve balance
Build Muscle / Strength Tone body Learn boxing skills
Other _____

When would you like results by? _____

How many sessions can you commit to? _____

What time of day would you prefer to exercise? _____

Anything important we need to know? (please tick boxes for yes)

Arthritis <input type="checkbox"/>	Heart Condition <input type="checkbox"/>	Any Major Injuries <input type="checkbox"/>	A hernia <input type="checkbox"/>
Asthma <input type="checkbox"/>	Heart disease <input type="checkbox"/>	Liver / Kidney conditions <input type="checkbox"/>	Back pain <input type="checkbox"/>
Diabetes <input type="checkbox"/>	High / Low blood pressure <input type="checkbox"/>	Regular headaches <input type="checkbox"/>	Chronic cough <input type="checkbox"/>
Epilepsy <input type="checkbox"/>	Tightness in chest <input type="checkbox"/>	Muscular pain or cramps <input type="checkbox"/>	High cholesterol. <input type="checkbox"/>

Are you pregnant? Any condition that may limit your activity program?

If you have answered YES to any question about your health, have you had clearance from your doctor to exercise? Yes No

If you answered No, you must consult with Management who will provide you with a fitness program appropriate to you.

Disclaimer:

I hereby represent to Strongarm Boxing Pty Ltd (ACN 117574268), trading as; Strongarm Boxing & Fitness, its management, their directors, and employees that i am physically capable of and there is no medical reason to prevent me from proceeding with the use of the club facilities without endangering my health. I Acknowledge that whilst on the club premises, my person, my guests, my property and my guest's property are at my own risk. I acknowledge that i will not hold the Club responsible for and the Club hereby excludes, to the extent permitted by the law, all liability for any personal injury or damage (whether direct, indirect, special or consequential) suffered by me or my guest or loss of property by me or my guest while i am on the Club premises or arising in any way out of the use of the facilities and equipment provided by the Club, however that injury, damage or loss is caused, including if it is caused by negligence of the Club. I acknowledge that except as provided in this document the Club gives no warranties in respect of the facilities and equipment it provides. I hereby release and will indemnify and keep indemnified the Club for any injury or loss suffered by me while on the Club premises. I agree to have my image, likeness displayed in advertising commercials, promotional material and Training DVD's. I release all claim over to Strongarm Boxing Pty Ltd.

Signed: _____ Date: _____

If Under 18 years of age, consent signature must be given by a parent or guardian below

Signed: _____ Date: _____