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Summer Boot Camp Membership Form

Name: _____

Address: _____

Phone Number: _____

E-Mail Address: _____

Venue: (i.e. Oldham, Glossop, Wilmslow) _____

Start Date: (of six week course) _____



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Personal Goals: (I.e. Weight loss, Improve fitness, Tone up)

Fitness Level: (New to exercise/unfit/quite fit/very fit)

Source: (Where did you hear about the summer boot camp?)

Please Note:

Payment is required in full to secure a booking and places are limited

**Cheques should be made payable to Scott Wright Personal Training.
Payment should be sent with completed membership form to Heavenly
Bodies Fitness Club, 639 Ripponden Road, Moorside, Oldham, OL1 4JU**

**Contact Kate on 07738107731 for more info or e-mail
info@heavenlybodiesfitnessclub.com**



PRE-EXERCISE QUESTIONNAIRE

All clients must complete this form before fitness training can take place

Full Name: _____ Contact Number: _____

When was the last time you participated in any physical exercise? Please give details:

What type of exercise? _____

How often? _____

Duration of training sessions: _____

Please circle where applicable:

- 1 Have you ever been advised by your doctor not to exercise? Yes/No
- 2 Do you ever feel pains in your chest when you do physical activity? Yes/No
- 3 In the past month have you experienced any physical pain during exercise or physical activity? Yes/No
- 4 Do you ever lose your balance, feel dizzy or lose your concentration? Yes/No
- 5 Do you ever experience problems with your joints or muscles? Yes/No
- 6 Are you being prescribed any medication, e.g. water pills or blood pressure tablets? Yes/No
- 7 Have you recently given birth or are you pregnant? Yes/No
- 8 Are there ANY other conditions that may require you to moderate your physical exercise and activity? Yes/No

If you are unsure of the answer to any of these questions you must seek advice from your doctor before participating in any physical activity.

If you have answered YES to ANY of the questions please give details including any medical conditions, medication names and treatments that you have received:

Statement

I have read and understood the questionnaire and have answered to the best of my knowledge. I understand that this is for my own safety. I am aware that a range of practical activities of varied intensities may form part of my training and that there are associated risks. If I have any problem during the training I will tell my instructor immediately.

Customer Signature: _____ BLOCK CAPITALS: _____
Trainer Signature: _____ BLOCK CAPITALS: _____