

1. Enrolment Kit

1.1 Personal Details

Name _____ Date _____

Address _____ Post Code _____

D.O.B. _____ Occupation _____

Ph(Home) _____ Ph(Work) _____ Mobile _____

Email _____

Emergency Contact

Name _____ Contact Ph _____

A Bit About You

1. Approximately how many hours sleep do you get per night? _____

2. Do you give yourself an opportunity to relax? Y/N
If Y, when and how? _____

3. Do you smoke? Y/N
If Y, how many per day? _____

If N, have you ever? Y/N

4. Do you drink tea or coffee? Y/N
If Y, how many per day? _____

5. How many standard cups of water do you drink daily? _____

6. On a scale of 1 to 10 how much stress is there in your life? (Please circle)

1 2 3 4 5 6 7 8 9 10

Not Much Lots

7. Please describe a little about you, your job, your interests, and your family situation. Briefly and only in relation to its impact on achieving your immediate goals.

8. Have you previously had a wellbeing regime? Y/N
If Y, when and what? _____

9. How did you hear about us? (Please circle)

Friend/Relative Saw Advert/Flyer Walking past Website

Please give details _____

1.2 Medical History

- | | |
|---|-----|
| 1. Have you ever suffered from heart trouble? | Y/N |
| 2. Have you ever suffered pain in the heart or chest? | Y/N |
| 3. Has an immediate family member suffered from a heart condition? | Y/N |
| 4. Have you experienced feeling faint or suffered from dizzy spells? | Y/N |
| 5. Do you suffer from high or low blood pressure? | Y/N |
| 6. Do you suffer from bone, joint or muscle problems such as arthritis which may be aggravated by exercise? | Y/N |
| 7. Are you over 40 years of age? | Y/N |
| 8. Are you pregnant or is there a chance that you are pregnant? | Y/N |
| 9. Do you suffer from any of the following conditions? | |
| a) Neck Injury/pain? | Y/N |
| b) Back Injury/pain? | Y/N |
| c) Knee injury/pain? | Y/N |
| d) Other (please specify) _____ | |

If you answered 'YES' to any of the above questions, please obtain medical clearance from your doctor before you undertake your fitness assessment and exercise program.

- | | |
|---|-----|
| 10. Are you currently taking any medication (with or without prescription) that may affect your exercise program? | Y/N |
| If Y, give details _____ | |
| 11. Have you had any surgery which may limit your exercise program? | Y/N |
| If Y, give details _____ | |
| 12. Is there any physical reason that you are aware of that may cause you harm by exercising? | Y/N |
| If Y, give details _____ | |

1.4 Client Disclaimer Disclaimer

I _____ understand that there exists the possibility that certain abnormal changes and risks occur during training or testing sessions could cause serious and permanent injury to me. I understand that I am responsible for monitoring my own condition throughout the tests and training sessions, and should any unusual symptoms occur, I will cease my participation and inform the trainer of the symptoms. Efforts will be made to minimize these occurrences by preliminary screening and precautions during the testing or training. I understand and accept that the possibility may and does exist that accidental or unavoidable discomfort or injury may occur.

In the event that a medical clearance is required, I understand that it is my responsibility to ensure that this clearance is obtained. Without a clearance I understand that REVIVE The Business Of Well Being Pty Ltd, may well decide that no further training can take place until this medical clearance is obtained. I understand that this clearance will be treated as private and confidential, as with all other personal details, these will not be revealed without written consent.

I understand and agree that in the event of injury or illness , whilst in attendance at REVIVE The Business of Well Being Pty Ltd, I give my permission for a representative of REVIVE The Business of Well Being Pty Ltd to make decisions on my behalf concerning the most appropriate action to be taken with respect to my condition.

In signing this form I affirm that I have read this document in its entirety and that all my questions regarding the testing and proposed exercise regime have been answered to my satisfaction. My participation is totally voluntary. I know that I can discontinue at any time without penalty. I agree to assume the risk of such testing and exercise, and further aggress myself and my heirs, executors, administrators and assigns to hold REVIVE The Business of Well Being Pty Ltd, its subsidiaries, affiliates, employees, agents and any other persons associated from any liability from all claims, suits losses, or related causes of damages, including, but not limited to such claims that may result from any injury death, accidental or otherwise arising in any way from the testing or exercise regime.

Signature

Date
