



Please return this form to the Memberships Department once completed.

Gym Introduction Form

Membership No:

TITLE: Mr / Mrs / Miss / Ms / Other _____ SURNAME: _____ FIRST NAME: _____

Date of Birth: _____ AGE: _____ MALE / FEMALE: _____

ADDRESS: _____ POSTCODE: _____

OCCUPATION/JOB: _____ HOME TEL: _____ WORK TEL: _____

PART A: Your goals & current exercise habits.

Please what you hope to achieve from your exercise program:

- To improve aerobic capacity (heart/lung function)
- To reduce body fat
- To gain overall fitness
- To improve muscle strength/size
- To generally tone up
- To reduce stress
- Other _____
- What type of exercise do you do regularly? _____ How often? _____

PART B: Medical Questionnaire

If you tick any of the following 3 Medical Conditions, you will require a DOCTOR'S NOTE before taking part in any exercise programme.

Please indicate with a whether you have, or have had any of the following:

- Any Heart Condition Epilepsy High Blood pressure more than 140/90

Please indicate with a if you have any of the following:

Diabetes _____ Bone, Muscle or Joint injury _____ Arthritis _____
 Major Surgery _____ Headaches/Dizzy Spells _____ Breathing Problems _____

- Are you taking any prescribed medication? Yes _____ No _____
If yes, please provide details: _____
- Are you currently carrying an injury or have you or do you suffer from back pain? Yes _____ No _____
If yes, please provide details: _____
- Do you smoke more than 2 cigarettes a day? Yes _____ No _____
- Are you pregnant, or have you recently given birth? Yes _____ No _____
If yes please provide dates: _____
- Are you a non-exercising male over 35 or female over 45? Yes _____ No _____
- Has anyone in your immediate family under the age of 60 suffered heart disease? Yes _____ No _____

Please provide information of any other medical condition you think we should be aware of:

I understand that an exercise programme has certain risks. I take it upon myself to inform the Membership Department of any changes in my current health.
 I have to the best of my knowledge provided accurate information regarding my current health.

Signed: _____ Date: _____

Instructors Signature: _____ Instructors Name: _____

OFFICE USE ONLY: LIFEFIT: _____

Pending Doctors Note: Dr's note attached: _____ School to be invoiced: _____