

	YES	NO
1. Do you have a history of heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a history of lung problems?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had chest pains or tightness in the chest?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you suffer from exercise induced asthma or other respiratory problems?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you suffer from headaches/fainting/ dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have pain/limited movement in any joint that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you had a recent operation/chronic illness/injury?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you pregnant/post natal?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you know of any reason why you should not do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there a history of heart problems in your family?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have a back problem that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you currently taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please give details

16. Emergency Contact : Name

Number

Condition: If you have answered yes to any questions 1-12 we strongly recommend that you obtain a doctor's consent prior to exercise, and undertake an induction programme prior to using the facilities. If you have answered yes to questions 13-15, you are advised to limit your activities to a moderate intensity, and undertake an induction programme prior to using the facilities.

DECLARATION

- I am aware of and understand the potential risks associated with physical exercise and I am voluntarily partaking in these activities with knowledge thereof.
- I have had the opportunity to ask questions regarding activities, use of equipment, other related activities and to have the benefit of an induction programme. Any questions I have asked have been answered to my satisfaction.
- The questionnaire attached hereto has been completed to the best of my knowledge and belief.
- I understand that if there is a change in my condition at all, I must inform the Club Management in order that my training can be re-assessed.
- Without prejudice to the above, The Fitness Suite will accept no liability for the loss or damage of whatsoever nature and howsoever arising caused to me or suffered by me whilst on the premises, UNLESS such loss or liability is caused by the negligent act of the Club.
- I have read and agree to be bound by these conditions.
- I agree to be bound by the Club rules and regulations.

Name Signature Date

For parent/guardian of junior members

Name Signature Date

NEEDS ANALYSIS

PERSONAL DETAILS

Name ----- Date -----

Date of Birth ----- Gender -----

Address -----

Country ----- Postcode -----

Tel (H) ----- Tel (W) ----- Tel (M) -----

E-Mail ----- Occupation -----

How did you hear about our club?

Friend Family Current Member Newspaper Yellow Pages Other

Have you been a member of a health club before ? Yes No

CURRENT HEALTH & FITNESS

Are you currently exercising ? **If YES, complete below**

What exercise are you doing? -----

How long have you been following an exercise programme? -----

What is it you are looking for that you are not getting now? -----

If NO, complete below

When did you last follow an exercise program? -----

Why did you stop? -----

How did you feel whilst exercising? -----

Are you happy with you current diet? Yes No

Rate current health & fitness status ☆☆☆☆☆☆☆☆☆

Are you a smoker? Yes No Drink Alcohol? Frequently Often Rarely Never

Can you exercise 2-3 times per week? Yes No What time of day suits you best? -----

WHAT DO YOU WANT TO ACHIEVE?

Improve fitness & stamina Strength Improve general health Rehabilitate Injury/disability

Weight loss/fat reduction Improve eating habits Sports performance Tone & Firm

When would you like to achieve these results by? -----

How serious are you about achieving these goals? -----

What has prevented you from starting sooner? -----

Do your friends & family support you in achieving your fitness goals? Yes No