

MOW HEALTH CLUB

One team one dream

CLIENT REGISTRATION FORM



PERSONAL DETAILS

FULL NAME: (IN BLOCK LETTERS)

AGE: GENDER: MALE FEMALE

NATIONALITY: ID/PASSPORT NUMBER:

PHYSICAL RESIDENCE:

POSTAL ADDRESS:

EMAIL CELL PHONE NO:

NEXT OF KIN (EMERGENCY CONTACT)

FULL NAME (IN BLOCK LETTERS)

RELATIONSHIP..... ID/PASSPORT NUMBER

PHYSICAL RESIDENCE:

POSTAL ADDRESS:

EMAIL CELL PHONE NO:

Club Membership Name: Membership No:

Are you a member of any other health club/gym? If yes, kindly indicate the facility attended Period.....

CLIENT SPECIMEN SIGNATURE

FOR OFFICIAL USE:

GYM MEMBERSHIP NUMBER GIVEN

MEMBERSHIP APPROVED HEALTH CLUB OFFICER DATE:

.....*Note: Kindly fill separately the health club/gym bio data form before enrollment.*

DECISION TO PURSUE MORE ENERGIZED LIFESTYLE.

The Fitness Assessment is one of the most effective tools to help you oversee the BIG picture. What does this mean exactly? You need to look at all the possible benefits of incorporating fitness into your new healthy lifestyle and determine which are most important to you. These include:

- a) Reduce body-fat & weight loss
- b) Improve cardiovascular fitness
- c) Reshape or tone body
- d) Strengthen body
- e) Build muscle
- f) Improve sport specific performance
- g) Increase energy level
- h) Improve flexibility and mobility
- i) Improve self-confidence
- j) Improve ability to cope with stress
- k) Feel better, positive attitude
- i) Overall vitality and improved health

There are countless roads that can lead you to your destination and the Fitness Assessment is your customized exercise program to get you there. By collecting and reviewing quantitative and qualitative data from the past and present, your Personal Trainer will provide effective and sustainable ways to achieve personal success for your short- and long-term goals. Think of your Fitness Assessment as the road map to your future fitness.

A FEW RULES:

- a) Do not eat a large meal prior to your Fitness Assessment. A light snack **1-2** hours prior is recommended.
- b) Do not consume any caffeinated beverages or artificial stimulants prior to your consultation. These include coffee, tea, energy drinks, soft drinks, chocolate, cigarettes or over the counter non-drowsy allergy/cold medication.
- c) Do not consume alcohol within 24 hours of your consultation.
- d) Do not exercise 12 hours prior to your consultation.

By following these few guidelines, we are confident your Fitness Assessment will be an enjoyable experience.

HEALTH & LIFESTYLE QUESTIONNAIRE.

a) Personal Health & Medical Information.

The following questions are designed for the purpose of reviewing and determining your health history, possible risk factors, fitness and activity level, attitude and lifestyle. We recommend that anyone starting an exercise program should consult with a physician prior to starting.

Name: _____

Date: _____

Gender: _____

Date of Birth: _____

Age: _____

Any major fluctuations in weight in the past 12 months (+ or -)?

Did your physician recommend that you lose weight and/or start an exercise program?

Are you taking any medications or drugs? If yes, please list medication, dose and reason.

Are you taking any supplements (e.g. vitamins, minerals, antioxidants, herbal remedies)? If yes, please list.

Are you currently (or during the past 2 years) seeing a chiropractor, physiotherapist, massage therapist, occupational therapist, or any other health therapist? If yes, please list.

Do you now, or have you had in the past (treatment, diagnosis): Please (Underline) YES or NO in the following questions.

1. History of heart problems, chest pain or stroke? NO	YES	
2. Increased blood pressure (hypertension) or low blood pressure? NO	YES	
3. Any chronic illness or condition (cancer, MS, epilepsy) NO	YES	
4. Difficulty with physical exercise? NO	YES	
5. Advice from a physician not to exercise? NO	YES	
6. Recent surgery in past 24 months?	YES	NO
7. Pregnancy (now or within last 12 months) NO	YES	
8. Breast feeding (now or within last 12 months)	YES	NO
9. History of breathing/lung programs (asthma, COPD, emphysema) NO	YES	
10. Muscle, ligament, tendon, joint (shoulder, knee, hip, ankle, wrist) neck, or back disorder/injury or any previous injury still affecting you? NO		YES
11. Arthritis, Rheumatoid arthritis, osteoporosis? NO	YES	
12. Diabetes (type I or II), thyroid condition or hypo/hyperglycemia? NO		YES
13. Cigarette smoking habit? NO	YES	
14. Increased blood cholesterol?	YES	NO
15. History of heart problems or other condition in immediate family? NO		YES
16. Circulatory problems/conditions?	YES	NO
17. Stomach, intestinal, digestive problems/conditions? NO	YES	
18. Chronic sleep problems? NO	YES	

Please explain in detail if "Yes."

b) Occupation & Leisure Information.

Studies have shown that stress can affect physical health. Understanding the role stress plays in your occupational and leisure time will be integral in developing your customized exercise program. Please choose the answer best suited to your current personal situation.

What is your current occupation and how long have you worked in this industry?

Occupation: _____

Years worked: _____

Does your occupation require much activity (i.e., walking, sitting, and getting up and down, carrying things)?

Can you exercise during your work day (before or after)?

How would you rate your level of stress on a daily basis? 1 2 3 4 5

(1 indicating low/no stress and 5 indicating high stress)

How do you normally deal with your stress?

How many hours of sleep do you get each night?

Is it restful sleep?

What are your personal barriers to exercise (i.e., your reasons for not exercising)?

How many times a week do you see yourself attending the gym? 1 2 3 4 5

c) Goal Evaluation.

Rank your goals in starting an exercise program. Use the following scale to rate each goal:

Goals	Not Important	Somewhat Important		Extremely Important	
Body-fat loss (weight loss)	1	2	3	4	5
Improved cardiovascular fitness	1	2	3	4	5
Reshape or tone body	1	2	3	4	5
Build muscle	1	2	3	4	5
Improve flexibility	1	2	3	4	5
Improve performance a specific sport	1	2	3	4	5
Improve moods & ability to cope with stress	1	2	3	4	5
Increase energy level	1	2	3	4	5
Feel better, positive attitude	1	2	3	4	5
Ensure my workouts are fun	1	2	3	4	5
Exercise safely and with proper form	1	2	3	4	5
Maintain my workout Consistency	1	2	3	4	5

d) **Goal Setting**

Specifically describe what you would like to accomplish with an exercise program throughout your Fitness Training experience:

What is your number one fitness goal?

What do you think you will need to do in order to successfully reach this goal?

What do you think your biggest challenge will be in meeting your fitness goal?

1. Fitness Training Consent Form.

Medical consent.

I understand that my training sessions are not medically supervised and that my training program has been developed for healthy people with no prohibitive medical conditions or risks, either physical or psychological. If necessary, the sessions will be modified to accommodate specific injuries or conditions diagnosed by a physician with that physicians' written medical consent to participate in the program. In addition to the terms above, I represent that I am in good physical condition and have no medical reason or impairment that might prevent me from participation in the program. I will fully disclose any health issues or medications that are relevant to participation in a strenuous exercise program. If my physical or mental condition presents limitations to participation, I will receive a signed Physician Release Form. This form represents my physician's approval to participate in the training sessions. Any specific allergies, reactions and/or contraindication to medications involved with any supplementation will be my responsibility and the responsibility of my prescribing medical doctor.

Client Acknowledgements.

In agreeing to this exercise program, I, the client:

- Acknowledge that my participation is voluntary.
- Understand the potential risks involved in the exercise program and believe that the potential benefits outweigh those risks.
- Give consent to certain physical touching that may be necessary to ensure proper technique and body alignment.
- Understand that the achievement of health or fitness goals cannot be guaranteed.
- Have had a voice in planning and approving the activities selected for my exercise program.
- Have been able to ask questions regarding any concerns I might have, and have had those questions answered to my satisfaction.
- Am in good physical condition, I have no impairment that might prevent my participation in such activities, and have been advised to consult a physician prior to beginning this program.
- I have been advised to cease exercise immediately if I experience unusual discomfort and feel the need to stop.

By signing below on the date first mentioned above, I acknowledge and agree that I have read the foregoing and know of the nature of the activities and I agree to all the terms of this Agreement.

Client Signature: Date:

Trainer Signature: Date:

