



NAME: D.O.B: AGE:
ADDRESS:
.....
..... POSTCODE:
EMAIL: OCCASION:
TEL NO DAY: EVENING:

Have you ever suffered from any of the following?

Diabetes YES/NO Epilepsy YES/NO
High Blood Pressure YES/NO Asthma YES/NO
Heart Problems YES/NO Hereditary YES/NO

Have you ever had the following?

Back or neck pain YES/NO
Serious joint injuries YES/NO
Blackouts YES/NO
Please specify:

Have you had a medical before YES/NO
Do you smoke? YES/NO
Are you pregnant? YES/NO
Are you on medication? YES/NO
Have you ever had a serious illness or operation in the past? YES/NO
Do you currently exercise? YES/NO How often?
Is your diet balanced? YES/NO Fluid intake?
Do you drink alcohol? YES/NO Units?
What do you hope to achieve from an exercise programme?
How often can you come? How long per session?

I hereby acknowledge that the information I have given on this form is full and correct. By signing the form below I declare that there is no reason that I should not participate in an exercise regime. I will participate in any exercise regime entirely at my own risk and wave any claim to legal recourse for injuries to myself or damage to my own personal property. By signing I also declare that if I have to terminate my membership at Martyn Paul Fitness Centre for any given reason I will give one month notice in writing after 1 year contract before doing so.

Signed (Client) Date
Company.....
Position

Signed (Instructor) Date