

**PLEASE PRINT THIS FORM AND BRING IT WITH YOU TO YOUR  
FIRST SESSION TO GET STARTED STRAIGHT AWAY!**

Name \_\_\_\_\_

DOB \_\_\_\_\_

Email \_\_\_\_\_

Tel: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**How did you hear about us?**

Google

Friend referral

Social Media

Advertisement

Sign

Other

**What are you interested in?**

Casual use

Classes

Personal training

Other

**Reason for training**

## PAR-Q Form:

Has your health care provider ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?	YES / NO
Do you feel pain in your chest when performing physical activity?	YES / NO
Have you experienced chest pain when NOT performing physical activity in the last month?	YES / NO
Do you lose your balance because of dizziness or have you lost consciousness recently?	YES / NO
Do you have any bone or joint problems (back, knee, hip, etc.) such as arthritis, which could be aggravated through physical activity?	YES / NO
Is your doctor currently prescribing you medications for high blood pressure or a heart condition?	YES / NO
Is there any reason why you should not participate in physical activity? Reason:	YES / NO
Do you currently exercise on a regular basis (3+ times per week)? If Yes to Any Questions:	YES / NO
If you have answered yes to any of these questions please consult your doctor or physio before commencing training	
NAME	
DATE	
GUARDIAN	
(If under 18)	