

Registration Form and Pre Exercise Questionnaire

Please circle Y to indicate "Yes or Not Sure" and circle N to indicate "No".

The information contained will be treated as confidential and will not be released or revealed without your written consent.

Name: _____ Date of Birth: _____ Sex: _____

Address: _____ Postcode: _____

Email: _____ Occupation: _____ Mobile: _____

Emergency contact: _____ Home Phone: _____ Mobile: _____

Y/N Are you male over 35 or female over 45 and NOT used to regular vigorous exercise?

Y/N Has anyone in your family under 60 suffered heart disease, stroke, raised cholesterol, or sudden death?

Y/N Are you on prescription medication? Y/N Have you been hospitalised recently? Y/N Do you smoke?

Y/N Are you pregnant? Y/N Have you given birth in the last 3 months? Y/N Did you have a Caesarean?

Y/N Have you ever had any pre or post natal complications? Please describe: _____

Do you have or have you had:

Y/N Dizziness or fainting

Y/N Any heart condition

Y/N Glandular fever

Y/N Liver or kidney condition

Y/N Heart murmur

Y/N Diabetes

Y/N Gout

Y/N Palpitations or chest pain

Y/N Epilepsy

Y/N Stomach or duodenal ulcer

Y/N High blood pressure

Y/N Hernia

Y/N Stroke

Y/N Raised cholesterol or triglycerides

Y/N Rheumatoid fever

If you have answered YES to any of the above, you will need to take this form to your doctor and gain clearance to exercise before starting any exercise program, OR sign below if you have already cleared the above condition with your doctor.

Condition cleared. Signature: _____ Date cleared: _____

If you answer YES to any of the following, please give details of the condition and any related medications, and please ask the instructor for exercise class or program guidance before starting.

Have you **ever had** or do you have?

Pain/major injuries/surgery in the following areas?

Y/N Arthritis

Y/N Neck

Y/N Back

Y/N Asthma

Y/N Knees

Y/N Ankles

Y/N Cramps

Y/N Shoulders

Y/N Pelvis

Details and/or Medications: _____

Y/N Are there any other conditions or physical or muscular pain which may be reason to modify your exercise program?

Please describe: _____

How would you describe your current health and fitness? _____

What exercise have you been doing recently? _____

Average duration + frequency: ___mins___/wk Intensity: (please circle) Hard/Medium/Light How long for: _____mths/yr

Are you or have you been a member of a gym or fitness club? _____

Have you ever had any bad experiences or negative feelings about sports or exercise programs? _____

Please describe: _____

Personal Goals: Please circle 1=Very Important 2=Important 3=Not Important

1 2 3 Improve general fitness level

1 2 3 Improve body shape/posture

1 2 3 Improve muscle strength

1 2 3 Increase muscle size

1 2 3 Improve muscle tone/definition

1 2 3 Reduce body fat

1 2 3 Improve metabolism

1 2 3 Improve cardiovascular performance

1 2 3 Increase energy levels

1 2 3 Improve flexibility

1 2 3 Improve self-esteem and confidence

1 2 3 Reduce stress

1 2 3 Decrease risk of illness and disease

1 2 3 Decrease cholesterol

1 2 3 Decrease blood pressure

1 2 3 Rehabilitate an injury

1 2 3 Recover from surgery

Other _____

Key Goals: (specific, measurable, realistic) _____

How much time can you dedicate to an exercise program? _____ minutes/day _____ days/week

Terms and Conditions of Training

Declaration:

1. I _____, hereby express my desire to be trained by Babes with Babes Personal Trainers, registered by Fitness NSW.
2. I hereby absolutely release Babes with Babes, its trainers and representatives from:
 - (a) Any claim whatsoever I may otherwise have had arising out of training with my trainers or representatives or at any time thereafter by reason of my suffering of any disease, deterioration of health, illness, aggravation of any condition of ill health, or sustaining of any injury whatsoever as a result of training as a client of Babes with Babes either directly or indirectly or the use of the facilities or equipment afforded to me by my trainer(s);
 - (b) Any claim for personal injury sustained by myself in, or about the place of training or venue of competition, it's facilities and within the vicinity of the aforementioned places including (without limited the generality of the foregoing) any claims for personal injuries resulting from and arising out of the negligence of the trainer(s) or representatives; and
 - (c) Any other liability, loss, claims, demand or right of action arising from my participation and training whatsoever.
3. I hereby acknowledge that the use of any facilities by me for training are entirely at my own risk.
4. I hereby acknowledge that:
 - (a) I will abide by all legal rules and regulations. I understand that the activities take place in public parks and on public roads and footpaths, which are also used by the general public. I agree to abide by any law regarding the use of public roads.
 - (b) I acknowledge that some of the training and competition techniques may be dangerous, and I do so at my own risk.
5. I confirm that all the information provided by me is true and correct at the time of completing my registration form. If my medical condition changes during the course of training with Babes with Babes, I must immediately notify a Babes with Babes representative and complete a new medical screen form and/or obtain medical clearance from my GP. I understand that it is my responsibility to hold a current medical clearance in order to train.
6. I acknowledge that fees are payable for a complete series only.
7. In the event of an accident I consent to first aid being administered by a Babes with Babes trainer who is the holder of a current first aid certificate.
8. I agree to limit any claims against Babes with Babes up to the amount provided for in their insurance policy for any accident or injury incurred whilst training.
9. I understand that any childcare used in conjunction with fitness sessions is independent to and not the responsibility of Babes with Babes.
10. I authorise Babes with Babes to use details in original pre-exercise/registration form for additional series.

Terms & Conditions:

1. Please note that makeup sessions can only be made up within 4 weeks of a session being missed. After this time the makeup will be forfeited. No make ups can be carried over to the next Series. Your series is like any other course you sign up for and if one or two sessions are missed due to illness, injury or holidays, if makeup sessions cannot be made up within the 4 weeks period, they will unfortunately be forfeited. Make ups can be done on PinkFit or Glow Fitness sessions depending on availability (no childcare available) or on other Babes with Babes locations pending childcare availability.
2. In case of prolonged sickness a doctor's certificate will be necessary or a physiotherapist's/chiropractor's/osteopath's report for an injury. Other unforeseen circumstances will be dealt with at Babes with Babes discretion.
3. Series are non-transferable.
4. Photographic images may be taken and used for Babes with Babes promotional material, including and not limited to, website, promotional flyers and posters. I give my consent for the use of these images without payment or compensation to me. All photos remain the property of Babes with Babes.
5. Babes with Babes reserves the right to change or cancel courses if necessary.
6. Payment must be received prior to first session.
7. No sessions run on Public holidays within the Series. Babes with Babes does not provide refunds for public holidays, sick days or other days you're unable to attend. Once a registration is accepted, the complete series fees are payable and refunds will not be provided.

Signed: _____

Date: _____

Thanks for taking the time to complete this form, we look forward to helping you become a fit Babe!