Brian Richard Beck, Samantha Louise Beck ATF The Beck Family Trust Trading As

m: 0417 173 626

w: www.rawedgefitness.com

e: trainer@rawedgefitness.com

abn: 74 194 245 145

ENROLMENT FORM

The information obtained during this fitness evaluation will be treated as confidential and will not be released or revealed to anyone without your consent. Your right to privacy is our main concern.

Personal Information (please write clearly)

Name: ______________________________ DOB: ______________

Address: ______________________________

____

Phone: (H) ______________________________

(W) ______________________________

(M) ______________________________

Email: ______________________________

Emergency Contact (Compulsory)

Name: ______________________________ Relationship: ______________

Address: ______________________________

Phone: (H) ______________________________

(W) ______________________________

(M) ______________________________

T-Shirt Size: ______________

General Medical Questions (please circle and elaborate where necessary)

Have you had or do you have:

□ High Blood Pressure □ High Cholesterol □ Heart/Stroke Condition(s)

□ Pain/tightness in the chest □ Rheumatic Fever □ Diebetes

□ Epilepsy □ Gout stomach/duodenal ulcer □ Liver/Kidney condition

□ Are you pregnant or have you given birth in the last eight weeks?

Details:

Do you experience or have you experienced:

□ Family history of heart disease, stroke or raised cholesterol of relative under the age of 65?

□ Any major surgery? Details:

□ Hernia □ Arthritis □ Asthma □ Breathing difficulties

□ Back pain □ Muscular pain □ Cramps

Please list any injuries:

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Do you smoke? □ Yes □ No If so, how many a day? ______________________

Are there any other conditions that may limit your activity program?

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____

Medical and Medication

When was the last time you had a medical check up? ______________________

Name of your regular doctor: ______________________ Phone: ______________________

Are you currently taking any medication? □ Yes □ No
If so, what are you taking?

____

____

Do you engage in any regular exercise or sport? □ Yes □ No
If so, please specify:

____

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Have you ever participated in a gym-based program before? □ Yes □ No
If so, what was the nature of the program? Eg, cardio, weights program

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Goals (please circle and elaborate as appropriate – you can select more than one)

□ Body fat reduction □ Muscle strength □ Muscle definition □ Bodybuilding
□ Cardio fitness □ General wellbeing □ Increased flexibility □ Other
Please specify other:

____

Where did you hear about us? □ Internet □ Leaflet □ Referral (If so, by who?) ______________________
□ Other ______________________

Print Name	Sign	Date

Office Use Only (Do Not Complete)			
Customer #:		Course Type:	
Course Ref #:		Payment Type:	
Other:			