



PCYC BEENLEIGH Pre-Activity Questionnaire

Please complete the following questions as accurately as possible

PERSONAL DETAILS:

Name: _____

Address: _____

e-mail: _____ Phone No. _____ Mobile: _____

DOB: / / M F

IN CASE OF EMERGENCY:

Name: _____

Phone No.: _____ Relationship: _____

MEDICAL HISTORY:

Do you have or had any of the following:

	Yes	No	Details
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Current Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Poor Circulation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Back Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recent Surgeries	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Smoker	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any Chronic Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recently or Presently Pregnant	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please indicate ANY OTHER conditions that may affect your exercise program:

FAMILY HISTORY:

Has anyone in your immediate family had any of the following: (If yes please give details of age and whether or not fatal)

High Cholesterol	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
High Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Angina	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Heart Attack	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Stroke	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Obesity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Ashma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Cancer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

TRAINERS COMMENTS: _____

EXERCISE:

Are you currently exercising? Yes No

If yes please give a brief description of the type, duration and the frequency of this exercise:

NUTRITION:

How would you describe your eating habits?

Mainly fresh food (%) _____ or processed and take away foods (%) _____

Water intake _____ litres/day _____

How many meals do you eat per day? _____

Would you like more information regarding nutrition? Yes No

GOALS:

What are your goals and when would you like to achieve them by:

Thank you

RELEASE AND INDEMNITY TO THE FITNESS CENTRE OPERATOR, PCYC BEENLEIGH

In consideration for participating in the activity (and except to the extent that the same may precluded by statute) I agree to release and indemnify the PCYC, Beenleigh Fitness Centre Operators as follows:

I participate in the activity at my sole risk and responsibility.

I release, indemnify and hold harmless PCYC, it's servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of, or arising out of, any injury, loss, damage or death caused to me or my property whether by negligence, breach or contract or in any way whatsoever.

I also agree that in an event that I am injured or my property is damaged, I will bring no claim, legal or otherwise, against PCYC in respect of that injury or damage.

Before signing this document I have read and understood it and know that it effects my legal rights.

Member: _____ Date: _____

Witness: _____ Date: _____

So that we can ascertain where is the best places to advertise, could you please fill the following form: **Where did you find out about the Beenleigh PCYC gym?**

Local newspaper Radio Word of Mouth

Other _____