



# Health & Fitness Enrolment Form

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Participant Details

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M / F

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_ How did you hear about us: \_\_\_\_\_

## Medical Details

When was your last check up with a doctor?

\_\_\_\_\_

Do you have any allergies?

\_\_\_\_\_

\_\_\_\_\_

Are you or have you recently been pregnant?    yes / no                      how many weeks: \_\_\_\_\_

Please indicate by circling if you have, or have had, any of the following medical conditions:

Heart trouble	yes / no	Arthritis	yes / no	Osteoporosis	yes / no
High blood pressure	yes / no	Asthma	yes / no	Back problems	yes / no
Spells of dizziness	yes / no	Epilepsy	yes / no	Muscle problems	yes / no
High cholesterol	yes / no	Hernia	yes / no	Diabetes	yes / no

Please provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Please indicate by circling if you have, or have had, any joint, ligament, cartilage, tendon, muscle or bone injuries relating to:

Ankle/ Foot	yes / no	Back	yes / no	Shoulders	yes / no
Knee	yes / no	Ribs	yes / no	Elbow	yes / no
Hip	yes / no	Neck	yes / no	Wrist	yes / no

Please provide details:

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Please describe details of any current medication you are taking?

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What sports or activity have you been doing over last 6 months?

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#### **Health Screen check from Doctor**

It is the responsibility of the member to ascertain their physical readiness to embark on an exercise regime. We recommend that each member acquire a health screen from their doctor, and inform their instructor of any condition that may affect their physical performance, health and safety. We require a medical clearance from your doctor if you are 40 years old and over. Please provide medical certificate to instructor together with this form.

#### **Disclaimer**

I hereby declare that I do not suffer from any medical condition that may affect my ability to participate safely in exercise. Relevant pre-existing medical conditions, injuries, or illnesses are detailed above and I have sought medical clearance from my doctor. I wish to participate in the personal / group training sessions provided by *Di-Fit* and voluntarily assume the risk of injury to myself and acknowledge that exercise is strenuous.

I hereby release and indemnify *Di-Fit* and its principals, Diana Ibarra, its employees, sub contractors and agents from all actions or claims for compensation arising from my participation, for injury or personal damage to property.

Participants Signature \_\_\_\_\_ Date: \_\_\_\_/ \_\_\_\_/ \_\_\_\_



# Personal Lifestyle Questionnaire

## Lifestyle

How many hours a week do you spend in the following:

\_\_\_\_ Work                      \_\_\_\_ Fitness  
\_\_\_\_ Family                      \_\_\_\_ Study  
\_\_\_\_ Socialising                      \_\_\_\_ Personal development

What is your occupation? \_\_\_\_\_

Do you drink alcohol? yes / no                      How much? \_\_\_\_\_ /week

Do you smoke? yes / no                      How many? \_\_\_\_\_ /day

How often eat takeaway food, what kind? \_\_\_\_\_

Do you have any food restrictions and/or allergies? \_\_\_\_\_

## Personal Priority

Please number from 1 to 5, 1 being most important to you:

Improve health & fitness \_\_\_\_\_ Injury prevention \_\_\_\_\_ Athletic performance \_\_\_\_\_  
Social but active \_\_\_\_\_ Personal image \_\_\_\_\_

## Body Attention

Chest	yes / no	Abdominals	yes / no
Back	yes / no	Hips	yes / no
Shoulders	yes / no	Glutes	yes / no
Arms	yes / no	Thighs	yes / no

## Personal Goals Checklist

Cardiovascular improvement	yes / no	More energy	yes / no
Muscle toning	yes / no	Core stability	yes / no
Improved flexibility	yes / no	Other	_____
Stress relief	yes / no		
Weight loss	yes / no how much _____ kg		
Weight gain	yes / no how much _____ kg		

What would you ultimately like to achieve with your health and fitness?

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Please circle your preferred times to exercise?

Saturday mornings: 7:30(outdoor 60 min)

Evenings (8pm) :      Mon                      Tue                      Wed                      Thur                      Fri

What are your interests?

Cardio fitness	yes / no	Corporate groups	yes / no
Boxing	yes / no	Events, e.g. boot camps, fun runs, fitness & health seminars	yes / no
Weights	yes / no	Life Coaching	yes / no
Yoga	yes / no	Personal Image i.e. personal presentation	yes / no



BE YOUR BEST – EVER!

*Thank you for your participation. We look forward to you achieving your goals!*