

Welcome to Kings Premier Health Club

We require the following information from you in order to comply with our Health & Safety and Insurance obligations.

What are your current health and fitness goals?

- | | | | |
|---|----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Weight loss/gain | <input type="checkbox"/> Fitness | <input type="checkbox"/> Toning | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Train for an event | <input type="checkbox"/> Social | <input type="checkbox"/> Racquets | <input type="checkbox"/> Other |

Which activities do you enjoy most?

- | | | | |
|--|--|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Gym | <input type="checkbox"/> Exercise Classes | <input type="checkbox"/> Pool | <input type="checkbox"/> Racquets |
| <input type="checkbox"/> Relaxation / Social | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Boot Camp | <input type="checkbox"/> Other |

Pre-Activity Readiness Questionnaire

Have you ever been, or are you currently affected by any of the following conditions?

Category 1	YES	NO	Category 2	YES	NO
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Prescription Medication	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
Blood disorders	<input type="checkbox"/>	<input type="checkbox"/>	Any Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Glandular Fever	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Exercise Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Category 3			Joint Injury	<input type="checkbox"/>	<input type="checkbox"/>
Neck or back pain	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal Injury	<input type="checkbox"/>	<input type="checkbox"/>
If YES has been answered to any of the above questions, please provide details and dates					

Are you aware of any other conditions not mentioned that may affect your training? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES please provide details _____					

If you answered YES to any of the above conditions, we may require a consent form from your doctor for clearance before beginning an exercise program. If your doctor has already cleared you for exercise please sign below

Sign _____ Date _____

Declaration

I have answered all of the previous questions honestly and accurately, and I acknowledge that Kings Life Limited is not liable for any claims or causes of action whatsoever arising out of, or connected with, services provided now or in the future. I hereby discharge Kings Life Limited or any of its staff from any such claims or action. In signing this document, I also agree to comply with Kings Premier Health Club terms and conditions and agree to abide by all club rules and regulations.

Name _____

Sign _____ Date _____

Please tick if you do not wish to receive further information from Kings Life Limited, or be contacted regarding future promotions and events