STRICLTY CONFIDENTIAL

Name of Client: ____

Permission of Disclosure and Indemnity Waiver

I will participate in the assessment protocols and subsequent exercise programmes of **The Fit Circle** at my own risk, and hereby indemnify **The Fit Circle** and its staff against any claim, no matter how arising, which may result from my participation or association.

I also confirm that I have disclosed all medical history and information as could be deemed relevant to my participation in an exercise program.

I understand that the results of my Assessment will remain confidential, and never be sold for profit or gain, but may be released in aggregate form for scientific research purposes.

Client Signature: ______________________________ Date: ___________

Where Participant is Under 18 Years of Age

I ___________________________ , the parent/guardian of ___________________________ **hereby acknowledge and agree**:

- ☐ I have read the whole document and understand it.
- ☐ I give consent for the abovementioned party for participating in physical activity and
- ☐ I am aware of the risks, dangers and obligations set out in this indemnity waiver.

Signature of Parent/Guardian: ______________________________ Date: ________________

PERSONAL DETAILS

Name: ____ Gender: M F

Date of Birth: _________________________ Age: _____

Telephone (home): ____________________ Telephone (work): ______________________

Cell phone: ____

E-mail Address: ____

Home Address: ____

____

____

Occupation: ____

Emergency Contact Details

Name: ____________________________________ Contact tel: ____________________________

Relationship: _______________________________

Doctor's Name: _________________________________ Telephone: _____________________

Allergies or serious illnesses:

____

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____

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PHYSICAL ACTIVITY READINESS QUESTIONAIRE

Have you or any of your immediate family ever suffered from?		
Elevated blood pressure	Y	N
Elevated cholesterol levels	Y	N
Chest pain (with or without shortness of breath)	Y	N
Stroke/Heart Attack	Y	N
Are you currently taking any medication? (including oral contraceptives)	Y	N
Have you had surgery in the last 24 months?	Y	N
Have you ever had a hernia?	Y	N
Do you suffer from diabetes?	Y	N
Do you suffer from arthritis?	Y	N
Do you suffer from (or in the last 6 months) any joint/muscle pain?	Y	N
Has any medical practitioner ever warned you against exercise?	Y	N
Are you pregnant (now or in the last 3 months)?	Y	N
Are you a sedentary male over 35 years of a female over 45 years?	Y	N
If you have marked YES (or you don't know) to any question above, please obtain written clearance from your doctor for assessment and guidance for subsequent activity. No assessment or activities will be completed without written consent.		
Were you guided toward exercise by the medical profession?	Y	N
Do you ever feel faint or suffer from dizzy spells?	Y	N
Do you suffer from hypoglycemia?	Y	N
Have you ever suffered from respiratory problems (asthma etc.)?	Y	N
Do you smoke cigarettes? ____per day	Y	N
If you have marked YES to any 3 of the above questions, please follow the directions in the shaded area above.		
Is there anything that could be deemed relevant to your participation in an activity program that you have not told us about yet? If so, please give details below.		

INJURY PROFILE

Have you ever injured any of the following areas of your body?					
Head	Y	N	Hands/Wrists	Y	N
Neck	Y	N	Hips	Y	N
Back	Y	N	Upper legs	Y	N
Torso	Y	N	Knees	Y	N
Shoulders	Y	N	Lower legs	Y	N
Arms	Y	N	Ankles/Feet	Y	N

PHYSICAL ACTIVITY READINESS QUESTIONAIRE

SELF PERCEPTION OF WELL BEING

	Minimal									Maximal
Mental Stress	1	2	3	4	5	6	7	8	9	10
Physical Stress	1	2	3	4	5	6	7	8	9	10

How do you see yourself now? (Tick one or more boxes)

Average Weight	Over Ideal Weight	Under Ideal Weight	Fit	Unfit	Extremely Unfit

PHYSICAL ACTIVITIES

Please list any activities in which you have participated in the last twelve months, and then circle any activity you would like to participate in the future.

____

____

____

____

MOTIVATIONAL FACTORS

Please tick all factors you want to address

	Healthy Bone Structure		Alleviate Stress
	Increased Cardiovascular Fitness		Increased Sports Performance
	Improve Flexibility		Decrease Body Fat (Lose Weight)
	Improve Strength		Improve General Moods
	Increase Muscle Size		Increase Energy Levels
	Become healthier		Enjoyment
	Improve Health Numbers (e.g. Cholesterol count, insulin levels, blood pressure)		Prepare for Competitive Sports

In your experience which phrase best describes your motivation levels?

	I am self-motivated
	I find exercise easier to stick to if I have a partner
	I find exercise easier with regular appointments
	I usually experience some problems staying motivated
	I need constant motivation

Please list any activities that you prefer NOT to do/that you do not like below:

____

What are you expecting from your personal trainer/exercise consultant?

____

____

LIFESTYLE

		Y	N
Do you crave unhealthy "snacks" between meals?			
Do you drink coffee or tea?	____ cups per day		
Do you take sugar in your coffee or tea?	____ teaspoons		
Do you take milk in your coffee or tea?	Type ___________________________		
Do you eat bread?	Type ___________________________		
Do you use butter or margarine on bread?			
Do you cook with oil?	Type		
Do you use salt in cooking?			
Do you drink alcoholic beverages?	____per day/week		
Do you have dressing on salads?			
Do you have sauces with your foods?	List		
Do you eat out regularly?	____times per week		
Do you experience sudden mid-afternoon or mid-morning energy drops?			
Do you regularly suffer from headaches?			
Do you have trouble sleeping?			
Do you feel tired or sluggish after eating?			
Do you eat fruit?	____servings per day		
Do you eat vegetables?	____ servings per day		
Do you drink water?	____glasses per day		
Have you ever followed diet programs? List			

Typical daily nutritional intake: all meals, snacks and drinks

Breakfast	
Lunch	
Dinner	
Snacks	
Drinks	
Other	

Foods you do not eat/intolerances

____

Are you working towards specific goal/goals? Please provide full details

____

____

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