



Registration

General Details

Name:			
DOB:		Tel (W)	
Gender:	M	F	Tel (H)
Address:		Email:	
Next of Kin: Name:			
Tel:			

Medical History

The following section contains questions relating to your health and fitness. The information you provide in response to these questions will be used to evaluate your readiness to begin FIT1000 Boot camps. Some of the questions may seem repetitive. Please ensure you answer them all and that the information provided is honest, accurate and complete. Take your time reading the questions and make sure you understand them before answering.

PAR – Q

	Y	N
Has your doctor ever said you have a heart condition and you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had chest pain when you were doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know any other reason why you should not do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Has your GP ever told you that you are overweight?	<input type="checkbox"/>	<input type="checkbox"/>

Has your GP ever told you that you have high blood pressure?

Has your GP ever told you have high cholesterol?

Are you pregnant or post – partum less than six weeks?

Do you smoke?
If yes, how many per day?

Please provide information relating to the following:
(If not applicable, please indicate by writing 'N/A')

Any major surgery you have had in the last 10 years. _____

Any minor surgery you have had in the last 10 years. _____

Any serious medical conditions you suffer from. (e.g. diabetes, epilepsy) _____

Any minor medical conditions you suffer from. (e.g. asthma) _____

Any prescribed medications or dietary supplements you are currently taking. _____

Any allergies, especially to drugs. (e.g. penicillin) _____

CURRENT EXERCISE AND PHYSICAL ABILITY

Are you currently involved in a regular exercise programme? ^Y ^N

If yes, sessions per week: _____

minutes per week: _____

Do you regularly play or train for any sports? _____

If yes, which? _____

What types of exercise do you enjoy? _____

What types of exercise do you not enjoy? _____

DISCLAIMER

My participation in FIT1000 Boot camps (Benjamin Hodson Personal Fitness Ltd) is voluntary.

The information I have given is correct to the best of my knowledge. I am in good physical condition, capable of engaging in active or passive exercise without detriment to my health, safety or physical comfort.

Explanation of FIT1000 Boot camps.

The session will consist of a combination of low to high intensity interval training focusing on functional strength exercises and shuttle running, designed to improve the efficiency with which the body moves and functions.

Heart rate monitors are recommended to gauge exercise intensity and calorie expenditure.

During the boot camp and for a period after, you may experience local muscular soreness and fatigue, these minor discomforts should disappear within 48 hours.

Risks and discomforts.

The reaction of the body to such activities cannot always be predicted. There exists the risk of certain changes occurring during exercise, these include abnormalities of blood pressure, heart or in rare instances cardiac complications. Should you feel unwell or unsure, please let the trainer know immediately. You can stop during the boot camp at any time. Every effort will be made to avoid any adverse reaction. The trainer is qualified in emergency resuscitation (CPR), is aware of the emergency procedures and will minimise the risk of any unexpected events should they occur. A doctor will not be present during sessions.

Please make sure that before signing this form all your questions have been answered. Take as much time as necessary to think it over and, if you wish, discuss your participation with your doctor.

Confidentiality.

All information acquired on this form will be treated with strict confidentiality.

Client:

Date:

Company representative: