



Pre Activity Readiness Questionnaire

For GV Functional Fitness Studio.

Cardio Classes, Boot Camp & Kids Sessions

Welcome to GV Functional Fitness Personal Training & thank you for taking the time to answer the following questions.

Date: __ / __ / ____

1. PERSONAL DETAILS

Title: _____ First Name(s): _____ Surname: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone (h): _____ (w): _____ (mob): _____

Email: _____ Fax: _____ D.O.B: _____

Person to contact in case of an emergency: _____ Relationship: _____

Phone (h): _____ (w): _____ (mob): _____

Your Occupation: _____

PRIVACY STATEMENT

The information on this form is collected for the primary purpose of processing your membership. Other purposes of collection include creation of electronic records, attending to administrative matters and corresponding with you. By completing all the questions on this form, GV Functional Fitness is able to process your membership. You have the right to access personal information that GV Functional Fitness holds about you, subject to any exceptions in relevant legislation.

If you wish to seek access to your personal information or enquire about the handling of your personal information, please ask your Personal Trainer. Your information will NEVER be shared with any third party without your prior consent.

Regular communication is an important aspect to our service.

Please tick if you **DO NOT** consent to receiving email [] sms [] or telephone [] communications from GV Functional Fitness.

GV Functional Fitness always recommends that before you undertake any physical activity, you should first undergo a complete physical examination from a registered medical practitioner, to ensure that you are fit and able to commence your exercise program. You should advise your medical practitioner that the exercise program includes weight lifting, circuit training, aerobic and anaerobic exercise over prolonged periods of time.

2. MEDICAL HISTORY

Regular Doctor's Name: _____ Phone (w): _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

How long since your last medical check up? _____

Are you taking any prescription/non-prescription medication? **YES/NO** If yes, please list: _____

Have you had any major injuries/surgery during the last three years? **YES/NO** If yes, please list: _____

Do you have any joint injuries? Do you have any soft tissue injuries (sprains, tears, etc.)? If yes, please give details: _____

Please circle YES OR NO for the following questions

- Has your Doctor ever said you have bone, joint or muscle problems such as Arthritis that has been aggravated or might be made worse by exercise? **NO / YES**
- Has your Doctor ever said your blood pressure is too high? (eg over 140/95) **NO / YES**
- Have you ever had a heart attack, coronary revascularisation surgery or a stroke? **NO / YES**
- Has your doctor ever told you that you have heart trouble or vascular disease? **NO / YES**
- Has your doctor ever told you that you have a heart murmur? **NO / YES**
- Do you ever suffer from pains in your chest, especially with exercise? **NO / YES**
- Do you ever get pains in your calves, buttocks or at the back of your legs during exercise, which are not due to soreness or stiffness? **NO / YES**
- Do you ever feel faint or have spells of severe dizziness, particularly with exercise? **NO / YES**
- Do you experience swelling or accumulation of fluid about the ankles? **NO / YES**
- Do you ever get the feeling that your heart is suddenly beating faster, racing or skipping beats, either at rest or during exercise? **NO / YES**
- Do you have chronic obstructive pulmonary disease, interstitial lung disease, or cystic fibrosis? **NO / YES**
- Have you ever had an attack of shortness of breath that developed when you were **not** doing anything strenuous, at any time in the last 12 months? **NO / YES**
- Have you ever had an attack of shortness of breath that developed **after** you stopped exercising, at any time in the last 12 months? **NO / YES**
- Have you ever been woken at night by an attack of shortness of breath, at any time in the last 12 months? **NO / YES**
- Do you have diabetes [IDDM or NIDDM]? If so, do you have trouble controlling your diabetes? **NO / YES**
- Do you have any ulcerated wounds or cuts on your feet that do not seem to heal? **NO / YES**
- Do you have any liver, kidney or thyroid disorders? **NO / YES**
- Do you experience unusual fatigue or shortness of breath with usual activities? **NO / YES**
- Do you have Asthma or any allergies? Please describe: **NO / YES**
- Do you have Epilepsy or similar condition? **NO / YES**
- Are you pregnant? If so, how many weeks? **NO / YES**

Is there any other physical reason or medical condition, or are you taking any medication(s) which could prevent you from undertaking an exercise program, or that you are concerned about? Please describe:

NO / YES

NOTES:

Some of these conditions might include a history of blood clotting, osteoporosis, bone fractures or serious musculoskeletal disorders, or if they have recently lost a large amount of body mass without trying to. Other types of conditions might include psychiatric disorders, later-stage pregnancy or those with a history of health problems during pregnancy. Those people taking medication(s) for medical conditions listed may also need medical clearance.

Please note any injuries/medical condition that may not be outlined above:

If you answered YES to any of the above questions, you will be required to obtain a medical clearance from your Doctor before commencing ANY exercise program or fitness assessment.

3. LIFESTYLE

Do you consider your diet to be: **GOOD** **ADEQUATE/APPROPRIATE** **POOR**

Foods you like: _____

Foods you dislike: _____

Your general current eating patterns: _____

Are you currently dieting or have special dietary requirements YES/NO, if yes briefly explain: _____

Average sleep per 24 hours? _____

How do you rate your stress level? **HIGH** **MODERATE** **LOW**

Do you smoke? **YES/NO** How many per day? _____

Alcohol Consumption? **YES/NO** Amount and frequency? _____

4. EXERCISE/FITNESS BACKGROUND

When were you in the best shape of your life? _____

How long since you have participated in regular exercise? (Maintaining an elevated heart rate for at least 30mins three times/week)

> 12 months 6-12 months 3-6 months < 3 months currently exercising

What type of exercises do you like? _____

What type of exercises do you hate? _____

When did you first start thinking about getting in shape? _____

What has prevented you from reaching your fitness goals in the past? _____

On a scale of 1-10 , how would you rate your present fitness level (1 – worst 10 – best)? _____

5. SURVEY (information provided here helps us to tailor our advertising and services to reach more clients. Thank you)

How did you find us? _____

What made you choose GV Functional Fitness Studio over other services you may have considered?

What other professional fitness services have you used in the past, and what did you like, and dislike about them? _____

6. DECLARATION AND LIABILITY WAIVER

By signing this document, I acknowledge that engaging in any physical activity may carry some risk to my health. I understand that all activities in any fitness program are optional, and I may stop at any time. I **RELEASE GV Functional Fitness Studio**, its directors, servants and agents, personal trainers, staff, and sub contractors from any liability for any loss or injury, which I may suffer whilst participating in any activities howsoever otherwise caused. I have been advised and warned to obtain a wide-ranging and complete physical examination by a registered medical practitioner to confirm that I am fit and able to engage in all of the activities conducted. I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program herein, and ongoing. I acknowledge that I have read and understood all of the terms and conditions of this agreement prior to me signing the agreement and the information it contains is true and correct. I assume with full knowledge the dangers in my participation in fitness activities and do so at my own risk.

Where the applicant is a minor, this application and agreement must be signed by the minor and his or her guardian, who warrants and agrees by signing this agreement that he or she is authorised to enter into this agreement on behalf of the minor and remains responsible for the minor of all the terms and conditions set out herein, and indemnifies, GV Functional Fitness Studio, its directors, servants and agents, personal trainers, staff and sub contractors, from any claim by the minor.

Signature: _____ Date: __ / __ / ____
(If under 16 years old parent/guardian to sign)

Name: _____ Parent/Guardian's Signature: _____

Trainer's Name: _____ Trainer's Signature: _____

7. CANCELLATION POLICY

All cancellations for Cardio sessions and Kids Hour sessions must be received at least 24 hours before your training session in order to avoid being charged for your session. Clients who do not cancel with 24 hours notice will be charged for the cancelled session. GV Functional Fitness Studio understands that emergencies happen. We provide every client with one free short-notice cancellation. You will not be charged for your first cancellation with less than 24 hour notice. Subsequent short-notice cancellations will be charged for the session. The free short notice cancellation only applies if GV Functional Fitness Studio is notified prior to the session start time. **No-shows are not eligible for the free cancellation.**

Boot Camp Sessions are not transferable or refundable

I have read the above policy and agree to its terms.

Signature: _____ Date: __ / __ / ____

GV Functional Fitness will strive to help you reach your health and fitness goals safely and quickly. We aim to establish a long-term supportive relationship with all of our clients. We hope that you feel totally comfortable to make suggestions as to how we might improve our service, at any stage throughout our journey together. We always value your feedback. We look forward to working with you.

8. PHOTO RELEASE PERMISSION

I _____ give permission to GV Functional Fitness to use photographs or video of me for Promotional material, I also grant permission to be identified by my first and last name.

Signature _____

Thank you for taking the time to complete this form. The information you have provided will help us to provide you with the lifestyle and results you want to achieve.