

Empower Health

Trainer – Nick Gadsby

Client Registration Form

Name					
Address					
	Post Code				
Contact details	Ph:	Mb:			
	Email:				
DOB:	Occupation:				
Desired sessions per week					
Other fitness activities:					
Frequency-					
Duration-					
Intensity-					
Fitness goals/aims:					
Have you ever suffered from any of the following health issues:	YES	NO		YES	NO
<i>Dizziness/fainting</i>			<i>Epilepsy</i>		
<i>High blood pressure</i>			<i>Muscular pain</i>		
<i>Stroke</i>			<i>Asthma</i>		
<i>diabetes</i>			<i>Back/Knee/neck pain</i>		
<i>Heart disease</i>					
<i>Raised cholesterol</i>			<i>Do you smoke?</i>		
If yes please give details:					

Disclaimer:

I have completed the pre-exercise questioner and agree that having given the above information I will not in any circumstances hold Empower Health liable for any damage or injury I suffer in connection with performing exercises whilst under instruction.

Signature: _____ Date: _____

NB: A 12 hour cancellation notice must be given or personal training fee will still be charged.

I give permission for Empower Health to deduct \$ _____ per month from my bank account for gym membership.

I understand that I can cancel my gym membership by giving one months notice in writing at any time.

My credit card details are as follows:

Mastercard Visa

Card Number: _____

Expiry Date: ____ / ____

Cardholders Name _____

Signature: _____

Bank Transfer: BSB: _____ Account Number: _____