

REGISTRATION



1. Personal Details

Name: _____ Birth Date: _____

Address: _____ Postcode: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____

Occupation: _____

Emergency Contact Name & Phone: _____

2. Exercise History

Are you currently exercising? No
 Yes. Details: _____

Have you previously exercised? No
 Yes. Details: _____

How would you describe your current condition? _____

Briefly describe what you would like to achieve from exercising: _____

Continued on next page

Office Use Only	
Email	
Newsletter	



3. Medical Check

Please indicate if you or anyone in your immediate family has ever had;

- | | | | |
|----------------------------------------------|-------------------------------------------|---------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Heart trouble |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Chest pain | | | |

Please indicate if you have ever had or suffered the following;

- | | | | |
|--------------------------------------------|-------------------------------------------|----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Hernia or rupture | <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Nervous disorders |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Back injury | <input type="checkbox"/> Anemia | <input type="checkbox"/> Recent weight loss |
| <input type="checkbox"/> Serious injury | <input type="checkbox"/> Recent pregnancy | <input type="checkbox"/> Surgical operations | <input type="checkbox"/> Skeletal fracture |
| <input type="checkbox"/> Muscular injury | <input type="checkbox"/> Joint injury | <input type="checkbox"/> Allergies | <input type="checkbox"/> Other illness |
| <input type="checkbox"/> Any medications | <input type="checkbox"/> Smoking | <input type="checkbox"/> Other conditions | <input type="checkbox"/> Dizziness or fainting |
| <input type="checkbox"/> Hospitalisation | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Infectious diseases | |

4. Waiver and Assumption of Risk

I assume the risk for participating in an exercise class and agree that Phillip and Melissa Sharp, their agents, employees or contractors shall have no liability for any injury, illness or similar difficulty that I may suffer arising out of or connected with my participation in the training program. I hereby acknowledge and agree that this waiver and assumption of risk agreement are material to my participation in the exercise class.

I do here and forever release and discharge and hereby hold harmless Phillip and Melissa Sharp and their respective agents, heirs, assigns, contractors and employees from any and all claims, demands, damages, rights of actions or causes of actions, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

I recognise that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure, fainting, disorders in heart beat, heart attack and in rare instances, death.

I understand that as a result of my participation in an exercise program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

I recognise that an examination by a physician should be obtained by all participants prior to involvement in any exercise program. If I have chosen not to obtain a physician's permission prior to beginning this exercise program with Phillip and Melissa Sharp, I hereby agree that I am doing so at my own risk.

In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand the results are individual and may vary.

I have read and understand this document.

Signature: _____

Witness Signature: _____

Print Name: _____

Print Witness Name: _____

Date: _____

Date: _____