

# Affiniti Fitness Bootcamp 2008 Registration Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Home Ph \_\_\_\_\_ Work Ph \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Gender M / F

Occupation \_\_\_\_\_

Keep me updated and motivated SMS Y / N Email Y / N Mail Y / N

How did you hear about Affiniti Fitness? \_\_\_\_\_

Number of sessions / week \_\_\_\_\_ Payment Method \_\_\_\_\_

Selected sessions / week - Please Circle / Bold

Mon City Beach	Tues Kings Park	Wed City Beach	Thurs Kings park	Fri City Beach
6.00am	6.00am	6.00am	6.00am	6.00am
7.30am	7.30am	7.30am	7.30am	7.30am
9.00am	9.00am	9.00am	9.00am	9.00am
-	10.30am	-	10.30am	-
3.30pm	-	3.30pm	-	3.30pm
5.00pm	5.00pm	5.00pm	5.00pm	5.00pm
6.00pm	6.00pm	6.00pm	6.00pm	6.00pm
7.00pm	7.00pm	7.00pm	7.00pm	7.00pm

## Health and Fitness

Are you currently exercising? Describe: \_\_\_\_\_

Describe how you feel about your current health and fitness. \_\_\_\_\_

What is your No# 1 health and fitness goal? \_\_\_\_\_

What inspires you to achieve your goal? \_\_\_\_\_

Your diet consists mostly of: \_\_\_\_\_

You eat unhealthy when: \_\_\_\_\_

How do you de - stress or relax? \_\_\_\_\_

Have you ever had? Are you currently?

Back Pain

High / Low Blood Pressure

Hernia

Heart Trouble

Epilepsy

Faint / Dizzy Spells

Arthritis

Asthma

Joint Problems

Diabetes

Chest Pain

Cancer

Anaemia

Pregnant

Other /s \_\_\_\_\_

Medication History \_\_\_\_\_

I declare that I am not aware of any medical or physical condition, other than those specified which would lead me to believe that there is a risk to my health by participating in any of the services offered by Affiniti Fitness.

We understand the importance of maintaining the privacy of your personal information. We will keep all your details confidential and make reasonable efforts to keep any information about you secure. We ensure no unauthorised use, modification, reproduction or disclosure of your information with exception: To the extent specifically requested by law.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_