

Personal Details		Centaman number:
Date:	First name:	Surname:
D.O.B:	Mobile:	Home:
Email:		
Address:		Postcode:
How did you hear about us?		
Emergency Contact Name:		Phone:

Please circle 'yes' or 'no' to the following questions		
1. Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	YES	NO
2. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	YES	NO
3. Do you ever feel faint or have dizziness during physical activity that causes you to lose balance?	YES	NO
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	YES	NO
5. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?	YES	NO
6. Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?	YES	NO
7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	YES	NO

Please note: If you have answered 'yes' to any of the questions, a medical certificate may be required prior to commencing your 7 Day Trial Pass.

Are you currently exercising or have you previously exercised in the past? YES NO
If yes, please give details. (please indicate how many times per week, type, and how recently)

Do you currently smoke or have you smoked in the past? YES NO

What exercise goals would you like to achieve?			
<input type="radio"/> Lose weight	<input type="radio"/> Tone up	<input type="radio"/> General Health	<input type="radio"/> Lower Blood Pressure
<input type="radio"/> Improve fitness	<input type="radio"/> Strength Training	<input type="radio"/> Stress Relief	<input type="radio"/> Sleep better
<input type="radio"/> Rehabilitation	<input type="radio"/> Improve flexibility	<input type="radio"/> Maintain health	<input type="radio"/> Social/Fun
When do you want to achieve these by?			

Disclaimer: Please read the following carefully and sign

- I acknowledge that Willoughby Leisure Centre's conditions of entry must be adhered to at all times.
- I acknowledge that during the time I am on the premises or included in any activity external to the premises which is organised, approved or endorsed by Willoughby Leisure Centre as an activity for me to take part in, both my property and person shall be at my own risk. I will not hold Willoughby Leisure Centre liable for any personal injury or loss of property which may arise from the negligence of Willoughby Leisure Centre, its servants, agents, independent contractors, voluntary workers or their users of the facilities participants in activities or spectators or other parties providing services through or in the facilities of Willoughby Leisure Centre.
- I warrant that I am physically able to engage in exercise and fitness programs at the centre.

Print name: _____ Date: _____

Sign: _____

Office use only			
Customer Service Officer:	Member Services Officer:	Date:	Computer processed:
Date of activation:		Date of expiry:	