

REGISTRATION

Registration Form & Health Declaration

IMPORTANT INFORMATION:

Participants must read and understand fully the importance and relevance of this document. The document is not valid until the participant has signed and returned it to Gallant Fitness. Registration forms sent over the Internet must be signed prior to beginning any class with Gallanty Fitness.

Participant's Details

Name _____ Surname _____

Date of Birth ____/____/____ M / F Month of Programme _____

Address _____

Occupation _____ Employer _____

Mobile Number _____ Email _____

Emergency Contact Details

Name _____ Mobile Number _____

Health Information & Declaration

Do you presently exercise? Y/N

Brief outline of your exercise routine _____

Any major illnesses or disabilities? _____

Have you been hospitalised recently? Y/N

Do you suffer from any of the following? (Please tick all that apply.)

Heart disease	-----	Asthma	-----
Heart Condition	-----	Diabetes	-----
Back pain	-----	Epilepsy	-----
Spinal Injuries	-----	Hernia	-----
Arthritis	-----	Heart Palpitations	-----
Joint pains	-----	Hi/low Blood Pressure	-----
Tightness in Chest	-----	Rheumatic Fever	-----
Liver/Kidney Condition	-----	Regular Headaches	-----
Infections	-----	Muscular pain/cramps	-----
Chronic Cough	-----	High Cholesterol	-----
Are you pregnant?	-----	Allergies to Grass?	-----
Bladder Weakness?	-----		

Are there any conditions that may limit your physical activity? -----

Do you have a family history of Heart Disease? Y/N

Are you Male > 35yrs unaccustomed to exercise? Y/N

Are you Female > 45yrs unaccustomed to exercise? Y/N

Are you currently on any medication/antibiotics/Anti Depressants? Y/N

Undersigned participant's declaration

I declare that the information given in this form is true and complete to the best of my knowledge.

I understand that all participants take part at their own risk and must accept personal liability for any injury, illness or loss. I declare that I consider myself to be in good health and fit to participate in my chosen **CARDIO BOX SESSION**.

Participants' Name _____

Participants' ID _____

Participants' Signature _____

Today's Date _____

Witness' Name _____

Witness' ID _____

Witness' Signature _____

Today's Date _____

TERMS & CONDITIONS:

Minimum purchase of 12 sessions. Purchased sessions is valid for two months only from the date of the first class. Payment must be made in full prior to classes. Please see Pricing on www.gallantyfitness.com for payment details. For information on trial classes or other packages not listed above, contact me on email@gallantyfitness.com for a quotation.