



Zenergy Fitness Australia Pty Limited (ACN 121 309 804)

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## OUTDOOR GROUP FITNESS REGISTRATION AND PRE-ACTIVITY QUESTIONNAIRE:

PLEASE INDICATE WHICH PROGRAM YOU ARE REGISTERING FOR:

FITNESS CAMP       BOXING GROUPS       GET FIT GROUPS       PERSONAL TRAINING

### PERSONAL DETAILS

Name:	
Address:	
Phone - Home:	
Phone - Work:	
Phone - Mobile:	
Email Address:	
Age:	
Sex:	
Occupation:	

Where did you hear about Zenergy Fitness? \_\_\_\_\_

What is your main reason for joining Zenergy Fitness? \_\_\_\_\_

What made you choose Zenergy Fitness? \_\_\_\_\_

### EXERCISE HISTORY (Tick the most correct)

Do you currently engage in exercise?       Yes       No

If yes, how many sessions per week?       1-3       3-5       > 5

How long on average are the sessions?       < 30 min       >30 min       > 1 hr

What activities (if any) do you currently engage in? Tick  one or a few

Walking       Running       Cycling       Swimming

Aerobics       Weights       Circuits       Other

Briefly describe these activities:

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How would you rate your activity levels at work? Tick  $\surd$  only one

Largely inactive (desk job)

Lightly active (teacher, housework)

Heavily active (bricklayer, labourer)

Do you have any previous background with sport or activities?

Explain: .....

Do you feel/think an exercise program will help you?

Explain: .....

Do you have any concerns/queries regarding commencing a new exercise program?

Explain: .....

Listed below are several goals that can be achieved with regular exercise. Rank how important they are to you.  
(1 = very important 10 = least important)

- Feel healthier (all round fitness) .....
- Improve Strength .....
- Improve muscle size .....
- Improve muscle tone .....
- Improve aerobic capacity .....
- Reduce fat mass .....
- Improve flexibility .....
- Improve ability at sport .....
- Improve ability to cope with stress .....
- Improve social life .....

When do you prefer to exercise? Tick  $\surd$  one only – or rank in order of priority

- Before work       Lunchtime       Afternoon       Evening       Other

If other, explain: .....

What type of exercise interest you? Tick  $\surd$  one or a few

- Walking       Running       Cycling       Swimming
- Aerobics       Weights       Circuits       Other

Explain: .....

Do you have any other comments/suggestions regarding the development of your exercise program?

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**LIFESTYLE & MEDICAL CONSIDERATIONS**

	YES	NO	If Yes - details
Are you taking any prescribed medication?			
Are you currently carrying an injury?			
Have you suffered or do you suffer from back pain?			
Do you smoke?			
Are you pregnant?			
Are you a non-exercising male over 35 or female over 45?			
Do you know your blood pressure? ...../.....			
Does anyone in your family have high blood pressure? Are they on medication?			
Do you suffer from asthma attacks?			
Do you suffer from diabetes?			
Has anyone in your family under 60 suffered any heart condition or stroke?			

**PLEASE INDICATE IF YOU HAVE HAD ANY OF THE FOLLOWING:**

Gout		Glandular fever		Any heart condition	
Stroke		Rheumatic fever		Heart murmur	
Chest pain		Dizziness or fainting		High blood pressure	
Epilepsy		Stomach or duodenal ulcer		Asthma or wheezing	
Hernia		Liver or kidney problems		Raised cholesterol	

**If you answered yes to any of the above, please provide details:**

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I understand that an exercise program has certain risks. I take it upon myself to discuss any changes in my current health with my trainer. I have, to the best of my knowledge provided accurate information regarding my current health status.

Signed: \_\_\_\_\_

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

