

Personal Training Form

Health Club



Personal Details

First Name: _____ Last Name: _____

Street Address: _____

Suburb: _____ Postcode: _____ State: _____

Email Address: _____

Mobile Ph: _____ Home Ph: _____ D.O.B: _____

Please tick if you would **NOT** like to continue to receive emails from Willoughby Leisure Centre with information about events, promotions and other services?

Emergency Contact Details

First Name: _____ Last Name: _____

Relationship: _____ Contact Number: _____

Health Declaration

1. Has your medical practitioner 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 or discomfort in your chest at rest or during physical activity/exercise? Yes No
3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise? 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 sugar (glucose) in the last 3 months? Yes No
6. Do you have any other conditions that may require special consideration for you to exercise? Yes No

IF YOU ANSWERED "YES" to any of the 6 questions, please seek guidance from an appropriate allied health professional or medical practitioner prior to undertaking physical exercise.

IF YOU ANSWERED "NO" to all 6 questions and you have no other concerns about your health, you may proceed to undertake light –moderate intensity physical exercise.

What goals would you like to achieve?

- Lose Weight Tone Up General Health Lower Blood Pressure Strength Training Improve Fitness
 Stress Relief Sleep Better Rehabilitation Improve Flexibility Maintain Health Social / Fun

When would you like to achieve these by? _____

By law Willoughby Leisure Centre is bound by the Privacy and Personal Information Protection Act 1998 (PPIPA) and Health Records and Information Privacy Act 2002 (HRIPA). The Privacy and Personal Information Protection Act 1998 ("PPIPA") provides for the protection of personal information and for the protection of the privacy of individuals.

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How did you hear about us?

Please indicate which one best explains your decision.

- Live Locally Website Social Media Word of mouth Flyer/Poster E-newsletter
 Other (Please specify) _____

Terms & Conditions

- Personal Training sessions must be paid for prior to the start of the first session.
- Cancellation of booked session/s by the member requires 24 hours' notice to the WLC or the session will be forfeited.
- Cancellation of booked session/s by the WLC, with less than 24 hours' notice, will result in a complimentary session to the member.
- Arriving late to a booked session by the member will result in that time being forfeited.
- Arriving late to a booked session by the WLC trainer will result in that time being added to the current session or subsequent session/s.
- Requests for a particular trainer are subject to the availability of the trainer.
- If your trainer ceases to work at the WLC, you will be assigned another trainer.
- Personal Training sessions are non-refundable and expire 12 months from date of purchase.

Declaration

I acknowledge that during all such times that I am on the premises of 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, and I will not hold Willoughby Leisure Centre or my trainer liable for any personal injury or loss of property at Willoughby Leisure Centre.

Applicants Name: _____

Signature: _____

Date: _____

Personal Trainer's Name: _____