

Fitness Services Enquiry Form



Name _____ Age _____

Male

Contact Number _____

Female

Email Address _____

Membership Category: Staff Community Student

Inductions Taken: Fitness Induction Weights Induction

Interested In: Health Assessments

Personal Training Weight & Muscle Analysis

Fitness Review Personal Exercise Program

Free Advisory Healthy Heart & Cholesterol Check

Fitness Level:

Poor Average Good Excellent Athletic

SHORT & LONG TERM GOALS (Be specific with body area, weights, fitness, sports):

PREFERENCE ON TRAINER/EXERCISES (Male/Female, Likes/Dislikes): _____

DURATION AND FREQUENCY OF SESSION (3 x 45 minutes per week):

AVAILABILITY (Week days, Nights, Weekends, Mornings): _____

SPECIAL REQUIREMENTS (Injury, disability, illness, joint Problems etc): _____

