



CITY CENTRE  
health & fitness

# Membership Form

Date ...../...../.....  
                  m      d      y

Name .....

Birthdate ...../...../.....  
                  m      d      y

Address.....City.....Postal Code .....

Home phone .....

Work phone .....

Cell phone .....

E-mail .....

**YES NO**

- 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- 2. Do you feel pain in your chest when you do physical activity?
- 3. In the past month, have you had chest pain when you were not doing physical activity?
- 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- 5. Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in your physical activity?
- 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- 7. Do you know of any other reason why you should not do physical activity?

**If you answered YES to one or more questions,** talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q questionnaire and which questions you answered YES to.

## Release Form

We advise you that if you are currently taking medication, have any physical ailment, or are otherwise not in physical condition suitable for activity, it could be injurious to you. You should seek medical advice regarding these matters before participating in these programmes. THIS DOCUMENT IS A RELEASE OF CLAIMS, AND BY SIGNING IT, YOU:

1. Acknowledge that when performing exercise routines or engaging in similarly strenuous activity, you may suffer injury.
2. Represent to City Centre Fitness that you are in good health and physical condition and are not disabled, taking medication, or suffering from a condition that would prevent you from engaging in such activities or make it potentially dangerous or harmful for you to engage in such activities.
3. ASSUME THE RISK OF, AND HOLD CITY CENTRE FITNESS HARMLESS FROM, ANY LIABILITY FOR ANY PHYSICAL OR OTHER INJURY OR HARM SUFFERED BY YOU DURING, OR AS A CONSEQUENCE OF, PARTICIPATING IN SUCH PROGRAMMES OR PERFORMING SUCH EXERCISE ROUTINES, OR ENGAGING IN SUCH OTHER STRENUOUS PHYSICAL ACTIVITY, AND AGREE THAT CITY CENTRE FITNESS SHALL NOT HAVE ANY LIABILITY OR RESPONSIBILITY FOR ANY SUCH INJURY OR HARM.

I HAVE CAREFULLY READ, UNDERSTAND, AND AS AN INDUCEMENT TO CITY CENTRE FITNESS TO ALLOW ME TO PARTICIPATE IN THE PROGRAMMES, AGREE TO THE FOREGOING.

Signature .....

Date ...../...../.....  
                  m      d      y

<b>FOR OFFICE USE ONLY</b>	Member no: _____	Clerk: _____
	Membership Type: _____	Orientation Date: _____



CITY CENTRE  
*health & fitness*

# HEALTH & LIFESTYLE PROFILE

1. How did you hear about the club? Friend, Colleague, Newspaper or Event? \_\_\_\_\_

\_\_\_\_\_

2. Why did you decide to come in today? \_\_\_\_\_

\_\_\_\_\_

3. What are you interested in: Sports, Nutrition, Endurance Training or Strength Training? \_\_\_\_\_

\_\_\_\_\_

4. What do you currently do for exercise? \_\_\_\_\_

\_\_\_\_\_

5. What is the number one thing you want to work on here at City Centre? Strength, Endurance, Flex or Weight Lose? \_\_\_\_\_

\_\_\_\_\_

6. What has stopped you from getting started? \_\_\_\_\_

\_\_\_\_\_

7. Do you enjoy working out on your own or in groups? Classes? \_\_\_\_\_

\_\_\_\_\_

8. Where do you work? \_\_\_\_\_

\_\_\_\_\_

9. Are you active at work? \_\_\_\_\_

\_\_\_\_\_

10. Are you eating six smaller meals throughout the day? Or are you skipping breakfast? \_\_\_\_\_

\_\_\_\_\_

11. Would you like meal/nutrition suggestions? \_\_\_\_\_

\_\_\_\_\_

12. Are you a smoker? How long and how much? \_\_\_\_\_

\_\_\_\_\_

13. Does your weight fluctuate regularly? \_\_\_\_\_

\_\_\_\_\_

14. Does anything hurt when you exercise? \_\_\_\_\_

\_\_\_\_\_

## TOUR OF THE CLUB

1. What do you like about the club so far? 3 things? \_\_\_\_\_

\_\_\_\_\_

2. When do you want to achieve your fitness goal? \_\_\_\_\_

\_\_\_\_\_

3. What days could you come in to work out? What would your schedule look like? \_\_\_\_\_

\_\_\_\_\_

4. This is how we are going to help you achieve that goal? \_\_\_\_\_

\_\_\_\_\_