

## Vivos Active - Group or Personal Training Enrolment Form

### Participant Details

Today's Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Sex: m / f

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

### Medical Details

When was your last check up with a doctor? \_\_\_\_\_

Are you allergic to anything? \_\_\_\_\_

Are you or have you recently been pregnant? yes / no

How many weeks: \_\_\_\_\_

Please indicate by circling if you have, or have had, any of the following medical conditions:

Heart trouble            yes / no

Arthritis            yes / no

Osteoporosis            yes / no

High blood pressure    yes / no

Asthma            yes / no

Back problems            yes / no

Spells of dizziness    yes / no

Epilepsy            yes / no

Muscle problems            yes / no

High cholesterol        yes / no

Hernia            yes / no

Diabetes            yes / no

Details: \_\_\_\_\_

Please indicate by circling if you have, or have had, any joint, ligament, cartilage, tendon, muscle or bone injuries relating to:

Ankle            yes / no

Back            yes / no

Shoulders            yes / no

Knee            yes / no

Ribs            yes / no

Elbow            yes / no

Hip            yes / no

Neck            yes / no

Wrist            yes / no

Details: \_\_\_\_\_

Are you currently taking medication of any kind?

Details: \_\_\_\_\_

What sports or activity have you been doing in the last 6 months?

Details: \_\_\_\_\_

I advise that I do not suffer from any medical condition that may affect my ability to participate safely in group exercise. Relevant pre-existing medical conditions, injuries, or illnesses are detailed above. I wish to participate in the group training sessions provided by Vivos Active and voluntarily assume the risk of injury to myself and acknowledge that exercise is strenuous.

I hereby release and indemnify Vivos Active and its principal, Michael Berry, its employees, sub contractors and agents from all actions or claims for compensation arising from my participation, for personal injury or damage to property. I accept the use of event photos being used on the internet.

Participants Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Please turn over

## Vivos Active - Goal Setting

### Lifestyle Profile

How many hours a week do you spend in the following:

Work                       Fitness                      What kind of work do you do? \_\_\_\_\_  
 Family                       Study  
 Socializing                       Personal development

Do you drink alcohol? yes / no    How much? \_\_\_\_\_/week    Which days    M   T   W   T   F   S   S

Do you smoke? yes / no    How many? \_\_\_\_\_/day

How often eat takeaway food? \_\_\_\_\_    Do you have food allergies? \_\_\_\_\_

How much water do drink a day? \_\_\_\_\_L    How many serves of fruit & veg do you have per day?\_\_\_\_/\_\_\_\_

1 serve = 1 cup size

### Personal Goals

If you could do or achieve anything with your health and fitness what would it be?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Personal Priority

*circle*

Cardiovascular improvement	yes / no	an particular distance _____km
Muscle toning	yes / no	
Improved flexibility	yes / no	do you have massage _____ / month
Stress relief	yes / no	
Weight loss	yes / no	how much _____ kg
Have more energy	yes / no	
Core stability	yes / no	
Other	_____	

### Components

*circle*

Chest	yes / no
Back	yes / no
Shoulders	yes / no
Arms	yes / no
Abdominals	yes / no
Hips	yes / no
Bum	yes / no
Thighs	yes / no

### Focus

*Rank1-4, one most important*

Improve health & fitness	_____
Injury prevention	_____
Athletic performance	_____
Social but active	_____

### To achieve great results are you prepared to

*circle*

make changes to diet	yes / no
walk 30min per day or train most days	yes / no
drink more water	yes / no
reduce alcohol, smoking, & take away food	yes / no
reduce stress, meditate, or work less	yes / no

### What are your interests:

*circle*

cardio	yes / no	Personal training	yes / no
boxing	yes / no	Your own corporate group	yes / no
toning	yes / no	Outdoor adventure training	yes / no
combo	yes / no	Information nights	yes / no
beach fitness	yes / no	Healthy cooking classes	yes / no