



WELCOME TO BURN IT FITNESS

Please complete this forms clearly and in full.

NAME	
ADDRESS	
D.O.B MALE/FEMALE	
MOBILE TELEPHONE	
EMAIL ADDRESS Please write very clearly!! This is our main way of contacting you	
EXERCISE HISTORY i.e.: current level of fitness, likes, dislikes, achievements, strengths, weaknesses etc...	
HOW DID YOU FIND US? IF REFERED BY A MEMBER WHO??	
EMERGENCY CONTACT/PHONE NUMBER	
TODAYS DATE	

Physical Activity Readiness Questionnaire

PAST HEALTH HISTORY	YES	NO
Has your doctor ever informed you that you have heart trouble?		
To the best of your knowledge, do you currently have high blood pressure?		
Have you undergone surgery within the last 2 years?		
Do you currently have a bone or joint problem that could be aggravated by physical activity?		
Do you have diabetes? If so, what type:		
Do you have any concerns about participating in strenuous fitness program such as dizziness, fainting, chest pains, pregnancy, lower back pain, smoking, current medication etc? If so please explain:		
Is there anything not mentioned above we should be aware of in order to appropriately design a safe and productive fitness program for you? If so please explain:		



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As a member of Burn It Fitness I intend to engage in strenuous physical activities to improve my fitness. I acknowledge that this includes certain risks of injury and I confirm that I am voluntarily engaging in the activities prescribed.

Signed

Date