

Empower Health

Trainer – Nick Gadsby

Client Registration Form

Name					
Address					
	Post Code				
Contact details	Ph:	Mb:			
	Email:				
DOB:	Occupation:				
Desired sessions per week					
Other fitness activities: Frequency- Duration- Intensity-					
Fitness goals/aims:					
Have you ever suffered from any of the following health issues:	YES	NO		YES	NO
<i>Dizziness/fainting</i>			<i>Epilepsy</i>		
<i>High blood pressure</i>			<i>Muscular pain</i>		
<i>Stroke</i>			<i>Asthma</i>		
<i>diabetes</i>			<i>Back/Knee/neck pain</i>		
<i>Heart disease</i>					
<i>Raised cholesterol</i>			<i>Do you smoke?</i>		
If yes please give details:					
Disclaimer:					
I have completed the pre-exercise questioner and agree that having given the above information I will not in any circumstances hold Empower Health liable for any damage or injury I suffer in connection with performing exercises whilst under instruction.					
Signature: _____ Date: _____					
NB: A 12 hour cancellation notice must be given or personal training fee will still be charged.					

I give permission for Empower Health to deduct \$ _____ per month from my bank account for gym membership.					
There is a minimum of a 6 month commitment at commencement of member ship					
I understand that I can cancel my gym membership by giving one months notice in writing at any time.					
My credit card details are as follows:					
Mastercard <input type="checkbox"/> Visa <input type="checkbox"/>					
Card Number: _____					
Expiry Date: ____ / ____					
Cardholders Name _____					
Signature: _____					
Bank Details BSB: _____ Account Number: _____					
Account Name: _____					