

PERFECT BALANCE PERSONAL TRAINING



Member Information Form

Name:

Address:

Suburb:

Post Code:

Home Ph:

Work Ph:

Mobile Ph:

Email Address:

D.O.B:

Emergency Contact:

Emergency Ph:

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- Do you drink alcohol? YES/NO
If so, how much?
 - Do you smoke? YES/NO
If so, how many?
 - Do you eat a balanced diet? YES/NO
 - Are you Pregnant? YES/NO
 - Do you have any injuries? YES/NO
 - Do you suffer from arthritis or any other joint problem? .. YES/NO
 - Do you suffer form asthma YES/NO
 - Have you ever been diagnosed as suffering from high blood pressure? YES/NO
 - Are you on any medication YES/NO
 - Do you suffer from any condition or ailment that may prevent you from exercising? YES/NO

SIGNATURE.....DATE.....