



MEMBERSHIP FORM

Make fitness personal

Mr Ms Mrs Miss

Forename's):

Surname:

Date of Birth:/...../.....

Address:
.....

Postcode:

Tel:

E-Mail:

BB Pin:

MEMBERSHIP TYPE:

- 10 WEEK PROGRAM £ _____
- FIVE FOR FIFTY £ _____
- PAY PER VISIT £ _____
- PERSONAL TRAINING £ _____

MEDICAL DECLARATION

N/Y

- Has your Dr ever said that you have trouble with your heart?
- Do you frequently have heart/chest pains?
- Do you often have spells of sever dizziness?
- Has your Dr ever told you that your blood pressure is too low?
- Has your Dr ever told you about a bone, joint or muscular problem?
- Are you over 65 and not accustomed to vigorous exercise?
- Is there anything not mentioned that could effect your exercising?
- If you have answered yes to any question, is your Dr aware of your intent to exercise?

I declare that I have answered the questionnaire truthfully. I am aware that physical activity can be hazardous and there is a risk involved. I acknowledge that I participate in the Fitness BKS session at my own risk and take full responsibility for my actions.

Signed: _____ Print: _____ Date _____