**Training Session Induction**

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| --- | --- | --- | --- |
| Name: |  | Date of Birth: |  |
| Address: |  | | Post Code: |
| Contact Number: |  | Emergency Contact Name: |  |
| Age: |  | Number: |  |

|  |  |
| --- | --- |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |

Are you pregnant?

Have you ever been told that you have a heart condition?

Have you ever had a stroke?

Do you ever have any unexplained pains in your chest at rest or during

physical activity?

Do you consistently feel faint or suffer from spells of dizziness?

Do you suffer from asthma and require medication?

Do you suffer from type 1 or 2 diabetes?

Do you suffer from any major muscle or joint conditions that may limit

you or be aggravated by physical activity?

Do you suffer any medical conditions that may be worsen when taking

part in physical activity?

Do you suffer from high or low blood pressure?

Are you on any medication? If yes please identify on reverse.

**If you have answered no to all of the above questions and you are confident that you have no concerns with your health then you may proceed to participate in training. If you have answered yes to any of the above questions or you are unsure, please seek a referral from your GP before you commence training.**

I believe to the best of my knowledge that all of the information I have given is accurate. In the case that my medical conditions change throughout my training program, I will inform my trainer and complete a new training induction form.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trainer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Medication:

**Cancellation Policy**

If you need to cancel your session this must be cancelled 24 hours before your session. If sessions are cancelled within 24 hours, then you will still be charged for your time slot.

If you need to reschedule your session this must be rescheduled 48 hours before your session.

A text message will be sent out every Saturday to confirm your day and time for the following week. Please confirm your time slot to secure it as soon as possible.

this policy.

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_