

NEW CLIENT FORM

CONTACT DETAILS

Name

Address

Email

Contact number

Occupation

Date of birth

EMERGENCY CONTACT DETAILS

Name

Relationship to you

Contact number

Doctors name

Doctors contact
details

PERSONAL GOALS:

What do you hope to achieve from your exercise program?

Feel Healthier

Reduce Fat Mass

Improve Strength

Improve Flexibility

Improve ability at sport

Ability to cope with stress

Improve ability at sport

Improve Muscle Tone

Improve muscle size

Improve aerobic capacity

Other

What is your goal for 6 weeks?

Any Special needs or additional information we need to know about you and your health and wellbeing?

CURRENT ACTIVITIES: Please list any current activities, how long you exercise at a time and how strenuous you find it

What type of exercise activities interest you?

Outdoor training

Walking

Running

Circuits

Weights

Boxing

Personal Training

Group Personal Training

Specific Sports Skills

Preferred days and times for Personal Training Sessions:

MORNING

AFTERNOON

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

PRE-EXERCISE SCREENING

yes **no**

- 1. Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?*
- 2. Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?*
- 3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise?*
- 4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?*
- 5. If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?*
- 6. Do you have any other conditions that may require special consideration for you to exercise?*
- 7. Describe your current physical activity/exercise levels in a typical week by stating the frequency and duration at the different intensities:*

INTENSITY

light

moderate

vigorous/high

Frequency

(number of sessions per week)

Duration

(total minutes per week)

yes no

- 8.** *Do you smoke cigarettes on a daily or weekly basis or have you quit smoking in the last 6 months?*

- 9.** *Have you been told that you have high blood pressure?*

- 10.** *Have you been told that you have high cholesterol/blood lipids?*

- 11.** *Have you been told that you have high blood sugar (glucose)?*

- 12.** *Are you currently taking prescribed medication(s) for any condition(s)? These are additional to those already provided.*

- 13.** *Have you spent time in hospital (including day admission) for any condition/illness/injury during the last 12 months?*

- 14.** *Are you pregnant or have you given birth within the last 12 months?*

- 15.** *Do you have any diagnosed muscle, bone, tendon, ligament or joint problems that you have been told could be made worse by participating in exercise?*

POWER TO MOVE GROUP FITNESS, PERSONAL TRAINING AND PROGRAM TERMS AND CONDITIONS

INFORMED CONSENT

By reading this form and signing into a class or personal training session you are agreeing to the terms and conditions of you and/or the person in your care being a participant within this program. In order to provide a safe training environment, we require information about any current or past injuries or illnesses which may influence a student's ability to participate in training. If at any time during the conduct of training sessions, you and/or the person in your care experiences any pain or discomfort caused via a suspected injury or illness, please notify your trainer.

PARTICIPATION CONSENT

I have been informed of the requirements of this program, have read and agree with the above information and consent for me and/or the person in my care to participate in practical procedures within my/their ability. To the best of my knowledge, the above named person can fully participate in exercise. I am aware of risks and hazards connected with exercise and I and/or the person in my care hereby elect to voluntarily participate in Exercise activities, knowing that the exercise and equipment may be dangerous to me/us. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by me and/or the person in my care or any loss or damage to property owned by me and/or the person in my care, as a result of being engaged in exercise activities at Power to Move, regardless of who caused the incident.

I understand there exists the possibility that certain abnormal changes may occur during or following exercise, such as blood pressure, ineffective functioning of the heart (in rare cases, heart attack) or heart rate, which cannot always be predicted. I understand performing body callisthenics, strength and conditioning activities can lead to musculoskeletal pain, strain and injury. I understand that I and/or the person in my care participates in the activity at our sole risk and responsibility. I agree to irrevocably and unconditionally release Power to Move staff from and against all my actions, claims, suits, demands proceedings and cause of actions, and any direct, indirect, resulting or consequential loss, cost expense or damage or whatsoever kind which I/we may incur, suffer or sustain. This applies in respects to my person, the person in my care, my/our property or otherwise arising out of/in connection with my/our participation, access to presence of/or supervision, instruction, evaluation or counselling of Power to Move staff in connection with the class, or by reason of/or arising from negligence of Power to Move staff. This includes during organised activities or exercise using public streets, footpaths, parks or beaches.

I am also aware the conduct of activities may be photographed or videoed and I give my permission for the items to be used for educational and promotional activities conducted by Power to Move staff.

PAYMENT TERMS

1. Payment for any services must be made in advance or on the day of any training sessions taking place.
2. Services need to be taken and used within the time frames set out below or they will be forfeited.

5 Class Pass and 10 Class Pass – Within 3 months of Purchase

Unlimited Monthly Membership – within 32 days of Purchase

Term based Membership – Within the Specified Term

Personal Training – 4 weeks from Purchase

12 week Programs – within 12 weeks of Program Start date

3. Services that are paid for by Direct Debit are subject to an initial 12 week commitment and will then automatically renew for further fortnightly or weekly periods unless your Service is terminated in accordance with paragraph 6 below.
4. We will review our Service fees periodically and may change them from time to time. We will give you at least 3 months notice by displaying the proposed change on our Website, or emailing you at the email address you have provided to us

CANCELLATION OF SESSIONS - SERVICES

5. We require 24-hours' notice of any cancellation or rescheduling. Failure to do so will result in you being charged the full session rate.
6. Services by Direct Debit can only be cancelled after the Initial 12 week Period has been completed. After this time, any cancellation to Services by Direct Debit must be made at least 3 days prior to your next scheduled Direct Debit payment by completing a change of circumstances form or otherwise providing written notice at the club where you receive your services. Once Services by Direct Debit is cancelled or all sessions in your Service pack are completed, this Agreement will terminate.

REFUNDS AND TRANSFERS

If you are unable to continue your scheduled sessions due to medical reasons, a refund may be available for the remaining sessions. You will need to submit a letter from your doctor clearly stating exercise restrictions prior to a refund being considered.

7. Refunds are not provided under any other circumstances.
8. If your Trainer is away on holiday or sick leave, you will be allocated a temporary replacement Trainer for the duration of their absence. Refunds will not be given on sessions that have to be rescheduled under these circumstances.
9. If your Trainer is no longer with Power to Move, our Manager will allocate you another Trainer who is suitable to your needs, and will supply them with your complete training history. Refunds will not be provided under these circumstances.
10. You may not transfer your Training Agreement or sessions to another person. If you cancel your Power to Move membership any remaining sessions must be delivered prior to cancellation and no refunds will be given for unused sessions.

LATE ARRIVALS

11. If you're late for your session, your session length will be deducted accordingly, and you will be charged at the scheduled rate. If you're more than 20 minutes late, the session may be cancelled, and you will be charged for the full session.
12. Should you experience any pain, discomfort, or injury, during any of your sessions, please inform your Trainer immediately.
13. Prior to, or during, the course of your training, health concerns may arise that may require further input from your doctor, physiotherapist or other allied health professional. Your Trainer may request your assistance in obtaining that information. Please be aware that your Trainer cannot diagnose and/or prescribe treatment for any form of injury, disease, or other medical problem.

ONLINE GROUP FITNESS AND CLASSES

By accessing the **Power To Move Social Media And Website Platforms**, and using any of the services (as defined below) accessible through the site, you become a user and agree to, and are bound by, the terms and conditions of this agreement for as long as you continue to use the site or services. **IF YOU DO NOT AGREE TO BE BOUND BY THIS AGREEMENT, DO NOT USE THE SITE OR THE SERVICES.** Your use of, or participation in, certain services may be subject to additional terms, and such terms will be either listed in this Agreement or will be presented to you for your acceptance when you sign up to use such services.

As a user of the site or a user registered to use any of the Services (a "Registered User"), you agree to the following:

- **Exclusive Use.** Your account is for your personal use only. You may not authorize others to use your account, and you may not assign or otherwise transfer your account to any other person or entity. You acknowledge that POWER TO MOVE is not responsible for third party access to your account that results from theft or misappropriation of your user names and passwords.
- **Risk Assumption and Precautions.** You hereby acknowledge that Power to Move makes no warranties and does not guarantee individual results. You are personally responsible for the achievement of individual performance goals. You understand and acknowledge that physical exercise is inherently dangerous and carries with it the potential for death, serious injury and property loss. You understand and agree that you assume the risk of participating in the training and activities recommended by Power to Move.
- **No False Information.** You will not provide inaccurate, misleading or false information to Power to Move or to any other user. If information provided to Power to Move subsequently becomes inaccurate, misleading or false, you will promptly notify Power to Move of such change.

Power to Move signed

Client signed

Signed:

Signed:

Name:

Name:

Date:

Date: