

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

Boxing

Walking

Personal Training

Running

Group Personal Training

Circuits

Specific Sports Skills

Weights

Preferred days and times for Personal Training Sessions:

	MORNING	AFTERNOON
MONDAY	<input type="text"/>	<input type="text"/>
TUESDAY	<input type="text"/>	<input type="text"/>
WEDNESDAY	<input type="text"/>	<input type="text"/>
THURSDAY	<input type="text"/>	<input type="text"/>
FRIDAY	<input type="text"/>	<input type="text"/>
SATURDAY	<input type="text"/>	<input type="text"/>
SUNDAY	<input type="text"/>	<input type="text"/>

FOR CLIENTS WITH DISABILITY

Please fill out this section if you're a client with disability.

All other clients can skip this section.

Are you self-managed or NDIS-managed?

self-managed

NDIS-managed

Enter your NDIS number (if you have one):

PRE-EXERCISE SCREENING

- | | yes | no |
|---|--------------------------|--------------------------|
| 1. <i>Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <i>Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <i>Do you ever feel faint, dizzy or lose balance during physical activity/exercise?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <i>Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <i>If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <i>Do you have any other conditions that may require special consideration for you to exercise?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. <i>Describe your current physical activity/exercise levels in a typical week by stating the frequency and duration at the different intensities:</i> | | |

INTENSITY

light

moderate

vigorous/high

Frequency

(number of sessions per week)

Duration

(total minutes per week)

- | | yes | no |
|--|--------------------------|--------------------------|
| 8. <i>Do you smoke cigarettes on a daily or weekly basis or have you quit smoking in the last 6 months?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. <i>Have you been told that you have high blood pressure?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. <i>Have you been told that you have high cholesterol/blood lipids?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. <i>Have you been told that you have high blood sugar (glucose)?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. <i>Are you currently taking prescribed medication(s) for any condition(s)? These are additional to those already provided.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. <i>Have you spent time in hospital (including day admission) for any condition/illness/injury during the last 12 months?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. <i>Are you pregnant or have you given birth within the last 12 months?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. <i>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?</i> | <input type="checkbox"/> | <input type="checkbox"/> |

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

INFORMED CONSENT

By reading this form and signing into a class, membership, or personal training session you are agreeing to the terms and conditions of you, your client or your child being a participant within this program. To provide a safe training environment, we require information about any current or past injuries or illnesses that may influence you, your client or your child's ability to participate in training. If at any time during the conduct of training sessions, you, your client, or your child 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, my client or my child to participate in practical procedures within 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 me, my client or my child hereby elects to voluntarily participate in Exercise activities, knowing that the exercise and equipment may be dangerous to me, my client or my child. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by me, my client or my child or any loss or damage to property owned by me, my client or my child, 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 me, my client, or my child participates in the activity at my 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 may incur, suffer, or sustain. This applies in respects to my person, child, property or otherwise arising out of/in connection with my 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 the 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 timeframes set out below or they will be forfeited.

Timeframes:

Single Class Pass and 10 Class Pass – within 3 months of Purchase.

Unlimited Weekly or Monthly Membership – within specified purchase time.

12 Month Membership – within 12 months of purchase.

Term based Membership – within the Specified Term.

Personal Training – 4 weeks from Purchase.

Power to Move Programs – within specified dates.

NDIS participants – charged in arrears for sessions and training.

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 7 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.
7. We do not hold or pause memberships, passes or programs due to specified start dates. Any membership adjustments must be requested to management for review and will be at the discretion of the manager and each case.

REFUNDS AND TRANSFERS

8. 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.
9. Refunds are not provided under any other circumstances.
10. 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.
11. 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.
12. 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

13. 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 15 minutes late, the session may be cancelled, and you will be charged for the full session.
14. Should you experience any pain, discomfort, or injury during any of your sessions, please inform your Trainer immediately.
15. 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

16. 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:
17. **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 usernames and passwords.
18. **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 agree that you assume the risk of participating in the training and activities recommended by Power to Move.
19. **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.

Dated 1st July 2023

Power to Move signed

Client signed

Signed:

Signed:

Name:

Name:

Date:

Date: