



DETAILS

Name: _____ Date of Birth: _____
Email Address: _____ Occupation: _____
Postal Address: _____ Mobile: _____

EMERGENCY DETAILS

Please provide the name of someone to contact in case of an emergency:

Name: _____ Relationship: _____

Phone: _____

MEDICAL INFORMATION

Briefly describe any injuries you have had in the past (Eg: Lower Back Pain)

Have you been seriously injured in the last 12 months? If so please provide details.

Have you had any major operations? If so please provide details.

Medical Conditions: Please circle any that are applicable to you.

Asthma	High Blood Pressure	Stroke	Chest Pain during exercise
High Cholesterol	Previous Cardiac issues	Diabetic	Heart Disease in family
Previously Inactive	Dizziness during exercise	Obesity	Smoke cigarettes
None	Other _____		

Medical Conditions: Injuries/Weaknesses – Please circle any that applicable to you.

Ankle	Knee	Neck	Wrist	Elbow	Lower Back
Shoulder	Hip	Mid Back	Upper Back	None	Other _____

Medical Conditions/Medications: Please specify

The Fitness Hubs, Robe and Kingston SE recommend you consult with your G.P before you begin your exercise program.

I _____ acknowledge the following:

1. The Fitness Hubs, Robe and Kingston SE recommend that I consult my G.P. before I start any exercise program to ensure that my health will not be compromised by doing so.
2. The Fitness Hubs, Robe and Kingston SE recommend that I consult my G.P. annually to ensure my health will not be compromised by continuing to participate in the health and fitness program.
3. That I will adhere to any reasonable requests from Robe Health & Fitness.
4. GYM USE IS FOR ME AND ME ONLY BETWEEN THE **HOURS 4am and 11pm 7DAYS A WEEK.**

Signed:

Date:

MAIN GOALS (please circle)

Weight Loss	Increase Fitness	Shape & Tone	Health issue
Increase Strength	Stress Reduction	Increase Energy	Increase Self Confidence

Other _____

ROBE HEALTH & FITNESS HUB STATEMENT

THE FOLLOWING IS A FITNESS WAIVER. PLEASE READ IT BEFORE SIGNING

BY AFFIXING MY SIGNATURE TO THIS DOCUMENT, I ATTEST, CONTRACT, UNDERSTAND AND AGREE THAT I AM TO BE LEGALLY BOUND BY ITS CONTENTS.

I _____ (the 'Participant') have agreed to participate in physical activity at the The Fitness Hubs, Robe and Kingston SE. The activities of which may include strength training, cardiovascular activities, boxing, endurance training, boot camp and flexibility training. Acknowledgement is hereby made that the activities of Personal Training sessions will require me to spend time outside or inside in any weather condition. I further acknowledge that there are risks involved in participating in personal training sessions. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, my physical condition, equipment, actions of other people including, but not limited to, participants, volunteers, and lack of hydration.

You acknowledge and agree that you are medically sound to undertake a normal course of exercise, that you have asked me to provide instruction, that you use my facilities or those that I organise for your use at your sole risk and responsibility and you are aware that exercise is physically demanding and participation in some activities may pose a risk to your health.

You will inform me in advance if there are any risks to your health if you participate in fitness services and if required seek approval from your Doctor or General Practitioner.

To the extent permitted by law, I exclude any liability to you in contract, tort, statute or in any other way for any injury, damage or loss of any kind whatsoever (including, without limitation, any liability for direct, indirect, special or consequential loss or damage), sustained by you and/or any other person, or for any costs, charges or expenses incurred by you, arising from or in connection with your agreement to access the services/products provided by me, and/or any act or omission of mine.

I warrant that I am physically and medically competent to undertake an exercise program that may include some competitive activities and **do attend at my own risk**. I recognise that The Fitness Hubs, Robe and Kingston SE is not able to provide me with medical advice in regard to medical fitness and that this information is used as a guideline to the limitations of my ability to exercise. I am also aware that if I am not competent in exercising unattended The Fitness Hubs, Robe and Kingston SE do offer Personal Training at additional costs.

By joining, I do so under the conditions outlined above.

Name: _____ **Contact number:** _____

Signed: _____ **Date:** _____

ROBE HEALTH & FITNESS MEMBERSHIP

1. Please ensure that all membership payments are paid in advance. Failure to make the payment will deny access to facilities.
2. I have paid \$30 joining fee including key purchase YES/NO
3. Membership will be forfeited without refund if misused or allowing non-members entry into facility.

I have read and accept the conditions of membership **Signed:** _____ **Date:** _____

Parent/Guardian if under 18 (Name and Signature): _____

How would you like to be contacted in regards to membership renewal? Please Circle

Phone Call or Email or Text Message