

GYMNASIUM SUBSCRIPTION



Mr / Mrs / Miss / Ms: _____
Surname First Names

Address: _____

Suburb/City _____

Telephone: () _____ (Home) () _____
(Work/Mobile)

Email: (please print clearly) _____
(For future communication)

Date of Birth: _____

Emergency Contact: _____ () _____
(Hm/Wk/Cell)

FOR OFFICE USE ONLY

Membership Type: 3 Months 6 Months 12 Months Other

Gym Subscription: \$ _____ (Cheques made out to ParaFed Canterbury) Receipt No: _____

Swipe Card Cost: \$ _____ Swipe Card Number: _____ User Number: _____

Joining Date: ____ / ____ / ____ Renewal Date: ____ / ____ / ____

DISCLAIMER

I the undersigned state that I am physically and medically sound to proceed with the activities of ParaFed Canterbury. ParaFed Canterbury and the CDHB shall not be liable in anyway for personal accident or loss of property. All equipment and people within ParaFed Canterbury must be treated with respect. ParaFed Canterbury rules must be adhered to at all times. ParaFed Canterbury reserves the right to exclude a member without refund should their conduct at any time be prejudicial.

As we pay our gym instructor to carry out your one free programme upon joining or rejoining the gymnasium, if you fail to attend your scheduled free programme with the Gym instructor, without giving 24 hours prior notice then you will forfeit the right for another programme. ParaFed Canterbury will consider extenuating circumstances.

I understand that if I require a replacement swipe card for any reason it will cost me \$30.

Signed: _____ Date: ____ / ____ / ____

ParaFed Staff: _____ Date: ____ / ____ / ____

PARAFED CANTERBURY GYM PROGRAMME QUESTIONNAIRE

NAME _____	DATE _____			
DOB _____	OCCUPATION _____			
PHONE home _____	Wk/Cell _____			
OFFICE USE ONLY:				
Able-Bodied	ParaFed	New Member	Renewal	Paid
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you want to see the gym trainer for a new programme/assistance with your programme? YES / NO

Have you used a gym regularly in the past? YES / NO

If yes, why did you stop? _____

What did you like using/doing in the gym? _____

What did you dislike using/doing? _____

Have you been active in the past? YES / NO

If yes, what and when? _____

Where are you now?

- I've been thinking about exercising more lately but haven't started until now.
- I've very recently started to do more exercise.
- I've been exercising on and off over the last few months.
- I exercise regularly (3x per week) and have done for more than six months.

Why do you want to exercise?

- | | |
|--|--|
| 1. To increase energy levels and feel less tired | <input type="checkbox"/> Very important
<input type="checkbox"/> Moderately important
<input type="checkbox"/> Not important |
| Where are you now? | <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| 2. To lose weight, reduce size and tone up | <input type="checkbox"/> Very important
<input type="checkbox"/> Moderately important
<input type="checkbox"/> Not important |
| Where are you now? | <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| 3. To gain weight and increase muscle mass | <input type="checkbox"/> Very important
<input type="checkbox"/> Moderately important
<input type="checkbox"/> Not important |
| Where are you now? | <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor |

PARAFED CANTERBURY GYM PROGRAMME QUESTIONNAIRE

4. For general health

- Very important
 Moderately important
 Not important

Where are you now?

- Excellent Very good Average Fair Poor

5. To improve fitness for a specific activity

- Very important
 Moderately important
 Not important

Where are you now?

- Excellent Very good Average Fair Poor

6. Any other reasons?

How long have you been thinking about this? (Please circle) Days / Weeks / Months / Years

What would help you get going?

For the majority of people exercise is perfectly safe and brings with it huge benefits both physically and mentally.

It is however prudent for some people unused to exercise to consult with their doctor prior to increasing exercise levels

Please answer the following questions (please circle)

Yes / No Are you aged over 69 and unused to exercise?

Yes / No Do you have any significant medical condition or injury that may be affected by exercise e.g. diabetes, asthma, high blood pressure, heart condition?

Yes / No Are you on any kind of medication? (Excluding birth control pills)

Yes / No Do you ever feel pain in your chest when exercising or get headaches, feel dizzy or lose consciousness?

Yes / No Do you have a bone, muscle or joint problem that may be aggravated by a change in physical activity?

Yes / No If female, are you pregnant or post-natal?

NOTE: **Failure to attend your appointment time or not give reasonable notice of cancellation will result in you having to pay \$30 for your programme.**