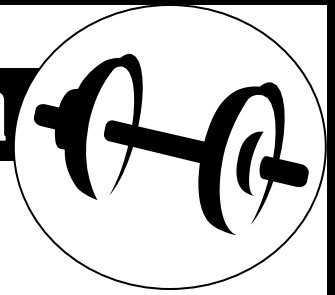




New Membership/Ask A Trainer Session



Today's Date: _____

New Membership Orientation Ask A Trainer

Male Female

Name: _____ Age: _____

Phone: _____ Email: _____

Height: _____ Weight: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

- Yes** **No** Has a doctor ever said that you have a heart condition and recommended only medically supervised activity?
- Yes** **No** Do you have chest pain brought on by physical activity?
- Yes** **No** Have you developed chest pain in the past month?
- Yes** **No** Have you on one or more occasions lost consciousness or fallen over as a result of dizziness?
- Yes** **No** Do you have a bone or joint problem that could be aggravated by the proposed physical activity?
- Yes** **No** Has a doctor ever recommended medication for your blood pressure or a heart condition?
- Yes** **No** Are you aware, through your own experience, or a doctor's advice, of any other physical reason that would prohibit you from exercising without medical supervision?

If you answered "yes" to any of these questions, call your personal physician or healthcare provider before increasing your physical activity level.

Please answer the following questions.

- 1.) What is the date and time you wish to meet with a trainer:

- 2.) What is your current knowledge on exercise (i.e. No experience, somewhat experienced, experienced)?

- 3.) How often do you visit the gym in a week?

- 4.) What would you like to learn in your session (i.e. equipment orientation, what equipment to use, resistance/weight training, cardiovascular training)?

FOR OFFICE USE ONLY

Assigned Trainer: _____

Date of Fitness Orientation: _____