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**GYM INTAKE FORM**

Disclaimer: Thank you for your interest in being a client of [NAME OF GYM]. Information collected about new clients is confidential and will be treated accordingly.

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| **CLIENT INFORMATION** |

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender**: [ ]  Male [ ]  Female [ ]  Other

**Street Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code**: \_\_\_\_\_\_\_\_

**E-Mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **HEALTH / PAR-Q FORM** |

**Has your doctor ever said that you have a heart condition and should only do physical activity recommended by a doctor?** [ ]  Yes [ ]  No

**Do you feel pain in your chest when you do physical activity?** [ ]  Yes [ ]  No

**In the past month, have you had chest pain when you were not doing physical activity?** [ ]  Yes [ ]  No

**Do you lose balance because of dizziness or do you ever lose consciousness?**

[ ]  Yes [ ]  No

**Do you have a bone, joint, or other health problem that causes you pain or limitations in movement?** [ ]  Yes [ ]  No

**Are you pregnant now or have given birth within the last six months?** [ ]  Yes [ ]  No

**Do you take any medications on a regular basis?** [ ]  Yes [ ]  No

If so, what are the medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you know of any other reason why you should not do physical activity?**

[ ]  Yes [ ]  No

**If you marked “Yes” to any of the above, please explain in detail below:**

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| **MEMBERSHIP** |

**Please indicate the type of membership you require:**

[ ]  Adult [ ]  Student [ ]  Disability [ ]  Retired [ ]  Family [ ]  Couple [ ]  N/A

**Membership duration:**

[ ]  1 Year [ ]  6 Months [ ]  3 Months [ ]  1 Month [ ]  Drop-In

**Are you interested in personal training or group classes?** [ ]  Yes [ ]  No

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CLIENT SIGNATURE** |

Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_