

# GYM INTAKE FORM

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

## 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: \_\_\_\_\_

## 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:**

**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  Day-by-day

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

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

**CLIENT SIGNATURE**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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