**[Gym Name]**  
[Address]

Fill out the form given below completely. Make sure all the information is correct to the best of your knowledge.

|  |  |  |
| --- | --- | --- |
| Intended date of joining |  | [dd/mm/yyyy] |
| First Name/Last Name |  |
| Address |  |
| City/STATE/Zip |  |
| Gender |  |
| Date of Birth |  |
| Email |  |
| Major illness |  |
| Allergies |  |
| Disability or level of injury |  |
| Physician/Clinic | [Name/contact] |
| Employment Status/details | [Employment details] – Only current employment |

**Emergency Contact Information**

|  |  |  |
| --- | --- | --- |
| Relationship |  | Contact |
|  |  |
| 2- |  |

* Do you have medical condition that restrict you to lift weights?
* Do you have heart disease and your doctor has recommended physical activity on his/her recommendation?
* Do you feel pain in any part of body due to lifting heavy weights?
* Are you diabetic? Or have asthma or any respiratory problem?
* Mention any other medical condition that prevents your heavy lifting.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office Use Only** | | | | | |
| Form# |  | Accepted |  | Date |  |
| Comment: |  | | | | |

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