

PERSONAL DETAILS



Please fill in the information below to help us ensure your training program is perfectly designed for you. If you are not sure or do not have the information don't worry, your coach will go through this with you.

The information contained herein is confidential and is subject to the laws and regulations contained in the privacy laws enacted in December 2001.

- PLEASE PRINT & BRING TO YOUR FIRST SESSION-

TODAYS DATE: ____ / ____ / ____	REFERRING CLINICIAN (if any): _____
SPORT / LEVEL: _____	CLINICIAN CONTACT: _____
GYM TRAINING LEVEL (please circle) : BEGINNER INTERMEDIATE ADVANCED	

INFORMATION	
Title (please circle): Mr Mrs Miss Ms Other _____	<i>Vitals - please enter if known</i>
FULL NAME: _____	WEIGHT: _____ HEIGHT: _____ BMI: _____
ADDRESS: _____ _____ _____	WAIST: _____ HIP: _____ RATIO: _____
MOBILE PHONE: _____	SIDE DOMINANCE (L/R): L R (please circle)
HOME PHONE: _____	RESTING HR: _____ TRUE RESTING HR: _____
EMAIL: _____	BLOOD PRESSURE: _____ BLOOD GROUP: _____
OCCUPATION: _____	PEAK EXPIRATORY FLOW: _____
DATE OF BIRTH: ____ / ____ / ____	DO YOU OBJECT TO TRANSFUSIONS? Y / N
AGE: _____ SEX: M F	ALLERGIES: _____
	MEDICATIONS: _____ _____

EMERGENCY CONTACT	
CONTACT 1 FULL NAME: _____	CONTACT 2 FULL NAME: _____
RELATIONSHIP: _____	RELATIONSHIP: _____
PHONE 1: _____ PHONE 2: _____	PHONE 1: _____ PHONE 2: _____
ADDRESS: _____ _____	ADDRESS: _____ _____

HEALTHCARE DETAILS	
MEDICARE NUMBER: _____	
PRIVATE HEALTH INSURANCE: Y / N	PRIVATE HEALTH FUND: _____
DOCTORS NAME: _____	MEMBERSHIP NO.: _____
DOCTORS PHONE OR PRACTICE ADDRESS: _____ _____	

Central Physio & Performance Fitness ABN 99163964967

Suite 1, Grnd Floor, 418a Elizabeth St, Surry Hills NSW 2010. E info@centralperformance.com.au T 9280 2322 F 9280 2499

PRE-PARTICIPATION HEALTH SCREEN



PLEASE PLACE A TICK IF ANY OF THE FOLLOWING APPLIES TO YOU AND EXPLAIN FURTHER WHERE POSSIBLE.

HAVE YOU HAD, DO YOU PRESENTLY HAVE, OR HAVE YOU BEEN TOLD BY A MEDICAL PRACTITIONER THAT YOU ARE AT RISK OF ANY OF THE FOLLOWING CONDITIONS?

CARDIO VASCULAR DISEASE RISK FACTORS:

- Male > 35 years or female >45 years and have a hysterectomy, or are premenopausal.
- Family history of heart attack (Myocardial Infarction), coronary re-vascularisation or sudden death (<55 yrs father or brother, <65 yrs mother or sister)
- Current smoker, have quit within the last 6 months, or exposed to environmental tobacco smoke.
- High blood pressure or on anti-hypertensive medication.
- Dislipidemia or on lipid lowering medication.
- Prediabetes or Diabetes Mellitus.
- Obese according to BMI (>30) or waist girth (>102cm/40inch men, >88cm/35inch women)
- Physically inactive.

MAJOR SIGNS OR SYMPTOMS SUGGESTIVE OF CARDIOVASCULAR, PULMONARY OR METABOLIC DISEASE:

- Angina or pain or discomfort in the chest, neck, jaw, arms or other areas.
- Shortness of breath at rest or with mild exertion.
- Dizziness or syncope, seizures, convulsions or epilepsy.
- Orthopnea (laboured breathing when not sitting up) or paroxysmal breathing difficulty (sudden, unexpected attack) or nocturnal dyspnea (shortness of breath at night).
- Unusual fatigue or shortness of breath on usual activities
- Ankle Edema (swelling/fluid retention).
- Palpitations or Tachycardia (unusually strong or rapid heartbeat) or ANY cardiac dysrhythmia (also known as arrhythmia).
- Intermittent claudication (cramping, numbness, pain or fatigue in the lower legs).
- Known heart murmur.
- Myocardial Infarction (heart attack) or ANY heart condition.
- Stroke.
- Lung disorder (asthma, emphysema, bronchitis, tuberculosis, pneumonia or chronic cough).

DO YOU TAKE MEDICATIONS FOR ANY OF THE FOLLOWING (INCLUDE NAMES AND DOSAGE):

- Heart disease: _____
- Diabetes _____
- Cholesterol _____
- Blood pressure _____
- Asthma, breathing problems _____
- Blood disorders _____
- Heart disease _____

Do you know if any of your medications effects your ability to exercise? If yes, please give more information.

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NEURO-MUSCULAR SCREENING:

Do you have problems with the following?

- | | |
|--|---|
| <input type="checkbox"/> Vision or hearing | <input type="checkbox"/> Climbing stairs |
| <input type="checkbox"/> Speech/language | <input type="checkbox"/> Walking downstairs |
| <input type="checkbox"/> Thermal (temperature control) | <input type="checkbox"/> Walking along narrow defined pathways or uneven surfaces |
| <input type="checkbox"/> Motor sensory | <input type="checkbox"/> Brain or spinal injury |

NERVOUS SYSTEM INJURY:

- | | |
|--|--|
| <input type="checkbox"/> Pressure sores | <input type="checkbox"/> Lesion of, or damage to, a nerve or nerves |
| <input type="checkbox"/> Poor balance | <input type="checkbox"/> Numbness or pins and needles |
| <input type="checkbox"/> Unsteady Gait | <input type="checkbox"/> Persistent headaches/nausea (in the last 12 months) |
| <input type="checkbox"/> Concussion (in the last 12 months) | <input type="checkbox"/> Severe cramps (in the last 12 months) |
| <input type="checkbox"/> Unexplained muscular soreness (in the last 12 months) | <input type="checkbox"/> Other |

MUSCULO-SKELETAL SCREENING:

- Unusual muscular or joint pain in the last 6 months.
- Broken bones or fractures in the last 12 months.
- Musculo-skeletal or joint problems requiring treatment including joint replacement (please specify problem, treatment and clinician).

- You or an immediate relative suffer from a chronic musculo-skeletal problem, such as arthritis or osteoporosis. _____

GENERAL HEALTH:

Conditions which may require special attention:

- | | | |
|---|---|---|
| <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Short Term Memory Loss | <input type="checkbox"/> Other |
| <input type="checkbox"/> Chronic Fatigue Syndrome | <input type="checkbox"/> Motor Neurone Disease | |

Are you aware of ANY medical reason/condition, illness or injury past and present that has not yet been listed or disclosed, which may inhibit you from participating in an exercise program, affect your ability to participate in an exercise program or otherwise require special attention? For example; Hernia, Gout, Rheumatic fever, Glandular Fever, Stomach/Duodenal Ulcer, Renal or Liver Disease, Thyroid Disorder, Eating Disorders, severe cuts and lacerations or sickness. Please specify: Y / N

Have you had surgery in the last 12 months? Y / N (If yes, please give more info) _____

Are you pregnant or trying to conceive? Y / N

Are you fasting, dieting, requiring of specific dietary needs, and/or taking supplements of any kind including vitamins, minerals and protein shakes? Y / N (If yes, please give more info)

Please specify your exercise and sporting history: _____

Participants name (please print)	Participants Signature	Parent/Guardian signature if under 18	Date
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Administrators name (please print)	Administrators Signature	Action to be Taken	Date
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INFORMED CONSENT



This is a Legal Document. It is important that you read it thoroughly and understand it before signing.

I, _____ being aware of my own health and condition, and having knowledge that participating in any physical activity program carries a small element of risk, I am hereby volunteering to participate in 'activity' as described below, under the direction of Central Physio and Performance Fitness (CP).

I acknowledge and understand that 'activity' refers to participation in personal/group/online fitness, strength and, cardiovascular conditioning training, screening, testing, assessment, programming, consultation and general advices which include but may not be limited to resistance training with weights or calisthenics, riding on a stationary bicycle, running on a treadmill, jumping, circuits, drills, flexibility enhancement exercises such as stretching, and movement preparation.

I declare that I acknowledge and understand the description, nature, objectives, procedures, benefits, difficulties, complications, possible physical changes and/or outcomes and potential risks of the said activity.

I understand the purpose and possible benefits of these activities may be, without limitation, to enhance muscular strength, size, power, endurance, flexibility and durability, increase cardiovascular endurance, improve body composition or weight control, overall performance enhancement, lowered blood pressure, improved blood profile, decreased risk of heart disease

I understand that there exists the possibility of certain abnormal physical reactions or changes during or following participation in the activities, which cannot always be predicted. These abnormal reactions and physical changes may include, but are not limited to, abnormalities of heart rate, blood pressure, fainting and in rare instances heart attack and death.

I also acknowledge that participation in the activities can lead to injuries including, but without limitation, cuts, bruising, concussion and musculoskeletal pain and injury which may occur as a result of sudden or repeated contact with the ground, equipment or other participants and/or from ground surface variations and defects.

I acknowledge and understand that activities may take place in a number of settings including without limitation, playing fields, public parks and other public spaces and that surface variations may not be apparent from visual inspection and that apparently flat surfaces can have divots and natural undulations. CP will thoroughly inspect the condition and temperament of all surfaces prior to use and endeavour to point out and avoid any surface hazards but it is my responsibility to ensure that I take care on uneven surfaces.

I acknowledge and understand that if I am injured during activity, CP will administer immediate First Aid but will be unable to provide medical treatment; therefore it is my responsibility to seek treatment with my own physician or primary care provider. If required, CP can arrange for medical or hospital treatment including ambulance transportation. I consent to such actions being taken and agree to meet all costs associated with such action.

Every effort will be made, above all else, to ensure my health and safety and as such, activity selection and intensity will be deemed appropriate depending on my health history and current physical capacity, and I agree it is important to adhere to the recommendations of CP regarding activity selection and intensity and I should not exceed these recommendations nor should I participate if I am injured, sick or otherwise feeling unwell.

I declare that I am physically fit and able to participate safely in the activity and that a qualified medical practitioner has not advised me otherwise. I am not aware of any medical condition, injury or impairment that may be detrimental to my health if I participate in this activity. In the event that I become aware of any medical condition, injury or impairment that may be detrimental to my health if I participate in this activity, CP will be immediately and completely informed. By continuing to participate in this activity, I accept the risks despite these conditions and am still, and will always be under the terms of this agreement.

I agree that by signing this document I am volunteering to participate without coercion in activities under the direction of CP from which I may withdraw at any time.

I acknowledge and understand that personal information and data obtained from any procedure or within the execution of the activity process will be construed as confidential. No identifiable information will be released or revealed to another party without my written consent. I understand however that certain information obtained may be used for statistical analysis, research or testimonial purposes with my right to privacy retained. I am also aware that my entire personal file is available to me at any time upon request.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from the participation in activity. I understand that results are individual and may vary.

By signing this document, I agree that I have read and understood its contents completely and it has also been verbally explained to me. In addition I declare that any questions that I may have had have been answered to my satisfaction.

I, _____ hereby do volunteer and consent to participate in activity under the direction of CP, and by signing below accept all risks connected therewith, accept full responsibility for my own health and well being AND I acknowledge and understand that no responsibility is assumed by CP.

I, _____ do for myself and my heirs, successors, executors, personal representatives and assigns fully release, discharge and hereby hold harmless CP, it's employees, representatives, servants, assigns, agents, contractors, successors, associates and heirs from any and all liability, claims, demands, damages, rights of action or causes of action, present or future arising out of or connected with my participation with the activity including, without limitation, injury, illness, damage or loss that may occur during participation.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT THAT MAY MALFUNCTION OR BREAK (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT (3) IMPROPER OR POOR SUPERVISION AND INSTRUCTION.

Participants name (please print)	Participants Signature	Parent/Guardian signature if under 18	Date
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Administrators name (please print)	Administrators Signature	Date
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WAIVER, RELEASE, ASSUMPTION OF RISK AND TERMS AND CONDITIONS



This is an important Legal Document. It is important that you read it thoroughly and understand it before signing.

ASSUMPTION OF RISK:

- I, _____ recognise that the activity I am to undertake might be difficult and strenuous. Furthermore I acknowledge and understand that the activity I am to undertake is a dangerous activity and that by participating in it I am exposed to certain risks, and do participate at my own risk.
- I acknowledge and understand that by participating in such activities;
- * The possibility of certain physical reactions or changes occurring during or following participation in the activity does exist, and these physical reactions or changes may include, but are not limited to, abnormalities of heart rate, blood pressure, fainting and in rare instances heart attack and death;
 - * I may be injured physically or mentally;
 - * My personal property may be lost or stolen;
 - * I may cause injury to other participants or damage to their property;
 - * Other participants may cause me injury or damage to my property;
 - * The conditions in which the activity is conducted may vary without warning;
 - * I may be injured physically or mentally, or may die as a result of negligence or breach of contract of CP.
 - * There may be no or inadequate facilities for treatment or transport of me if I am injured;
 - * I am aware that CP staff or contractors are not medical practitioners and that they cannot provide advice or treatment as such;
 - * I am aware that I should seek medical advice from a medical practitioner before participating in the activity;
 - * I am aware that certain medical problems may arise if I undertake and participate in the activities without advice from a medical practitioner beforehand;
 - * I acknowledge that I may suffer injury whilst merely observing or being in proximity to where the activities are being carried out;
 - * I agree that I will follow all instructions when participating in the various activities on the site of CP and as instructed offsite;
 - * I agree to indemnify CP, it's staff, representatives, servants, assigns, agents, contractors, successors, associates and heirs against and save it harmless from any and all damages, actions, claims, judgement, cost of litigation, damage to the equipment and property of CP;
 - * I agree that this agreement shall apply to my participation in any and all activities in association with CP including those directed by any representative of CP. This agreement shall apply to all future activities associated with CP.

RELEASE AND INDEMNITY

In consideration of CP permitting me to participate in activities, I agree to indemnify CP as follows;

- * I participate in the activity at my sole risk and responsibility;
- * I release, discharge, indemnify and forever hold harmless CP, it's employees, representatives, servants, assigns, agents, contractors, successors, associates and heirs from and against all and any actions or claims which may be made by me or on behalf or by other parties for or in respect of or rising out of injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever. I also agree that I am injured or suffer loss or damage, I will bring no claim, legal or otherwise against CP in respect of that injury, damage or loss.
- * THIS FORM IS AN IMPORTANT LEGAL DOCUMENT. IT IS CRITICAL THAT YOU READ IT THOROUGHLY AND UNDERSTAND IT COMPLETELY BEFORE SIGNING. BY SIGNING THIS DOCUMENT, YOU ASSUME ALL RISKS AND AGREE TO WAIVE YOUR LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

TERMS AND CONDITIONS

1. ALL sessions (including complementary and introductory) that are not rescheduled or cancelled 12 hours in advance will result in forfeiture of the session and a loss of the financial investment at the rate of that session. Likewise if a trainer fails to provide at least 12 hours cancellation notice, client is entitled to a complimentary session of value equal to that of missed session.
2. Clients arriving late will receive the remaining scheduled session time, unless other arrangements have been previously made with CP.
3. The expiration policy requires completion of all sessions within 120 days from the date of purchase. Sessions are void after this time.
4. All payments are non refundable. No refunds will be issued for any reason unless an error has occurred, including but not limited to relocation, illness, and unused sessions.

* IT IS CRITICAL THAT YOU READ THIS FORM THOROUGHLY AND UNDERSTAND IT COMPLETELY BEFORE SIGNING. BY SIGNING THIS DOCUMENT, YOU ASSUME ALL RISKS AND AGREE TO WAIVE YOUR LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

I _____ attest that I have thoroughly read this waiver, release, assumption of risk and terms and conditions and fully acknowledge and understand that it is a release of liability. By signing this document I acknowledge and understand its contents and agree to be bound by its terms and conditions. I agree to the terms of release and understand that any and all risks, whether known or unknown are expressly waived in advanced. Furthermore, I am waiving any right I, my heirs, successors, executors, personal representatives and assigns might have to bring a legal action or assert a claim against CP for its negligence or that of its employees, contractors, agents, representatives, servants, assigns, associates successors and heirs. I agree that my participation in any or all activities is covered by insurance to cover any injury or damages to myself or others. I have signed this document freely and voluntarily without any inducement.

Participants name (please print)	Participants Signature	Parent/Guardian signature if under 18	Date
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Administrators name (please print)	Administrators Signature		Date
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