



Yamala Park TC Cnr Ithaca Rd & Bowes St Frankston South

Joe Hill - Personal Trainer
Certified Fitness Trainer - C/N ITA0001999
Strength & Cardio Fitness with a Tennis Twist
0409 166 105
joehill@inet.net.au

PRE-ACTIVITY QUESTIONNAIRE & REGISTRATION FORM

NAME: _____

ADDRESS: _____

CONTACT NUMBER: _____

DATE OF BIRTH: _____

E MAIL: _____

EMERGENCY CONTACT: PERSONAL _____ DOCTOR: _____

Do you have any previous or existent injuries in any of the following places? If so, please give details below including any ongoing treatment.

- Feet, Ankle, Calf, Shin, Knee, Thigh, Hip, Buttocks, Lower Back, Ribs, Shoulder, Upper Back, Arm, Wrist, Hand, Neck, Head, Other

Do you have any previous or existing medical conditions? If so, please give details below including any ongoing treatment.

- Heart Problem, Diabetes, Epilepsy, High Blood Pressure, Low Blood Pressure, Asthma, Hernias, Pregnancy, Allergies

Are you currently involved in any physical activity? Please specify below:

I _____ have read this form and have volunteered all information that I feel will be relevant to my future exercise program. I take responsibility for my current physical state and understand that any program I undertake with Joe Hill will be at my own risk. I have answered any questions to the best of my knowledge. The information on this form will be treated as privileged and confidential.

Signed _____

Date _____