

New client intake

* Required

Your trainer uses these answers only to plan safe sessions, and we keep your health answers only as long as you train with us.

Goals and training

What are your main goals? * (choose up to 3)	
☐ Lose weight	☐ Build strength
☐ Train for an event	☐ Feel better day to day
☐ Improve fitness	☐ Recover from injury
☐ Other _____	
How many sessions a week would you like?	How many days a week are you active for 30 minutes or more? * 0 = 0 days, 7 = 7 days
☐ 1 ☐ 2 ☐ 3 ☐ 4 or more ☐ Not sure yet	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
How do you like to be coached?	When can you train?
☐ Push me hard	☐ Early morning ☐ Lunchtime ☐ Evening ☐ Weekends
☐ Explain the why	☐ Steady encouragement
☐ Not sure yet	

Your details

Full name *	Is the person training under 18? * ☐ Yes ☐ No
If Yes: Parent or guardian's name *	
Email *	Mobile *
Emergency contact (name and relationship) *	Emergency contact number *

Pre-exercise health check

Please answer honestly. If you answer "Yes" to any question, we'll ask for clearance from your doctor before your first session.

Has a doctor told you that you have a heart condition, or have you had a stroke? *	Do you get unexplained chest pain, at rest or during physical activity? *
☐ Yes ☐ No	☐ Yes ☐ No
Do you feel faint, dizzy or lose your balance during physical activity? *	Have you needed urgent medical help for asthma in the last 12 months? *
☐ Yes ☐ No	☐ Yes ☐ No
If you have diabetes, has your blood sugar been hard to control in the last 3 months? *	Do you have a muscle, bone or joint problem that could get worse with exercise? *
☐ Yes ☐ No	☐ Yes ☐ No
Do you take medicine for blood pressure or a heart condition? *	Are you pregnant, or have you given birth in the last 12 months? *
☐ Yes ☐ No	☐ Yes ☐ No
Do you have any other condition that may need special consideration when you exercise? * ☐ Yes ☐ No	
Anything else your trainer should know? For example, more about a "Yes". You do not need to list diagnoses or medicines.	

If you answered Yes to any question above: Because you answered "Yes", please bring a clearance letter from your doctor or another health professional to your first session.



Consent	
Health and safety * ☐ I understand exercise has risks, and I have answered the health questions truthfully.	
Changes to my health * ☐ I will tell my trainer if my health changes.	
Health answers * ☐ I agree to you keeping my health answers to plan safe training.	
Cancellations * ☐ I agree to the cancellation policy, including its notice period and fee.	
Signature * A parent or guardian signs for anyone under 18.	Date * e.g. 22 Sep 2026

