

Beach Hill Fitness Application

Name: _____ Date of Birth: _____

Address: _____

Phone #: Home _____ Cell _____ Work _____

Email address: _____ Occupation: _____

Membership Type: _____ Payment Type: _____

Date: _____

Emergency Contact Info:

Name: _____ Phone
#: _____ Relationship: _____

Measurements (Optional):

Weight: _____

Height: _____

BMI: _____

Body Fat: _____

Chest: _____

Thighs: _____

Calves: _____

Neck: _____

Biceps: _____

Waist: _____

Belly: _____

Hips: _____

Have you ever joined a gym?

Have you ever had personal training before?

Reason for joining Beach Hill Fitness?

Personal Goals from working out?

Last time you exercised?

Frequency of exercise?

Heart or stroke condition?

High Blood Pressure?

Breathing difficulties or asthma?

Back Pain?

Surgeries last 2 years?

Have you ever had physical therapy before?

Do you currently take prescription medicine?

Do you have any physical limitations that you are aware of?

Any other medical conditions or aches and pains that should be known?

Describe your diet?

Favorite types of music and/or artists?

Favorite television shows and movies?

I acknowledge I have read the rules and understand the rules.

Signed_____

Date_____