

# Adult Membership & Screening Form

## CLIENT'S DETAILS

Title First Name Last Name

Address Mobile No.

Town HomeTel No.

City Work Tel No.

Post Code Date Of Birth Age (Years)

Occupation Email:

## MEMBERSHIP DETAILS

Membership Type: Membership Duration:

## MEDICAL HISTORY

Do you or have you ever suffered from any of the following medical condition? (Check which ever item or items that applies to you, otherwise leave it unchecked).

Heart Condition

Diabetes

Anaemia

If you have had any operation in the past, please give details below:

High Blood Pressure

High Cholesterol

Migraine

Low Blood Pressure

Lung Condition

Fits

Kidney or Urinary Problems

Angina

Epilepsy

Back Problems

Neck Problems

Arthritis

Has your Doctor (G.P.) has ever advised you against exercise? YES NO

If you are currently under any medication, please specify below:

## ACTIVITY TYPE

## LIFE STYLE

Do you smoke?

Do you drink alcohol?

Are you pregnant?

Do you take regular exercise?

Have you had a baby in the last six months?

Do you eat fried food?

## AIMS & GOALS

What do you intend to achieve from your exercise programme?

## CONSULT YOUR GP OR DOCTOR FIRST

Before commencing on a program of physical exercises, you are strongly advised to consult your GP or Doctor in order to ensure that there are no contra-indicators.

## DECLARATION

I hereby acknowledge that I have completed this questionnaire truly and whilst I am aware that all care will be taken by my Trainer, any exercise undertaken will be fully explained and supervised by my Trainer, I understand that any exercise prescribed will be taken at my own risk. I agree to waive all legal recourse (other than negligence) for damages to myself arising from participation. I also agree to abide by the direction and advice of my Trainer. I also undertake to inform my Trainer should there be any changes in my medical background/Condition.

By checking the box you are agreeing to the declaration and the terms and conditions of the Miami Health Club.

Full name of signatory:

Date of Signatory:

Once completed, please email it back to "miamihealthclub@gmail.com". Also, remember to attached a passport size photograph as well.



PASSPORT  
PHOTOGRAPH  
GOES HERE

Title:

Membership ID:

First Name:

Last Name:

Expires After :

[www.miamihealthclub.co.uk](http://www.miamihealthclub.co.uk)

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