

MECCA PERSONAL TRAINING

Motivate.Energy.Challenge.Confidence.Achieve

ABN: 35 224 235 943

M: 0410 482 913

E: meccapersonaltraining@hotmail.com

W: www.meccapersonaltraining.com.au

PRE-SCREENING QUESTIONNAIRE

Terms & Conditions, Acknowledgement Release And Assumption Of Risk

Name:

Mobile Number:

Email address:

Date of birth:

Address:

Emergency Contact Name:

Relationship to you:

Mobile:

Lifestyle & Exercise Background

1. Do you consider your diet to be?

GOOD

ADEQUATE

POOR

2. How do you rate your stress levels?

HIGH

MODERATE

LOW

3. Do you smoke?

YES

NO

If Yes how many per day?

1. How often do you partake in exercise?

Not at all

1-2 per week

3-4 per week

5 + per week

2. In the past 6 months how much have you been exercising?

Not at all

1-2 per week

3-4 per week

5+ per week

3. What is your reason for participating in training? Circle all that apply

Reduce body fat

Develop muscle tone

Nutrition advice

Increase strength

Improve fitness

Self-confidence

Socialisation

Increase energy

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Goals & Objectives

4. List 3 goals you wish to achieve from your exercise program & how you will achieve them (if one goal is weight loss, please record how much you currently weight)

1.

2.

3.

Medical History

5. Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?

YES NO

6. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?

YES NO

7. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?

YES NO

8. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?

YES NO

9. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?

YES NO

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10. Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?

YES NO

11. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?

YES NO

If you answered YES to any of the 7 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise.

Course Enrolment Information

Please circle the training you are enrolling for

Group Training

Monday 6am - THUMP Boxing (Bill Delauney Reserve, Revesby)

Tuesday 7pm - Super Circuit (Panania P.S) ~~**Tuesday 8pm** - THUMP Boxing~~

Wednesday 6am - Super Circuit (Bill Delauney Reserve, Revesby)

Thursday 7pm - THUMP Boxing (Panania P.S)

Saturday 7:30am - Cardio Super Circuit (Cnr Mars & Centaur St, Revesby Heights)

Personal Training 1:1 *write the times/days you wish to train*

So I can provide more services, please let me know what other times & days would suit you for training if they are not already provided.

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Referrals

Are there 3 friends that come to mind that would enjoy and benefit from training outdoors?

Please write their name & email address below, they will be contacted via email only with an introductory offer to MECCA Personal Training.

1. Name: _____ Email: _____

2. Name: _____ Email: _____

3. Name: _____ Email: _____

Do you wish to receive email or sms updates from us on any upcoming events, course information, marketing, promotional or educational material?

Yes, Email

Yes, SMS

No, Neither

How Did You Hear About *Mecca Personal Training*?

Friend referral (write name below)

Signage

Website

Facebook

Brochure

Business Card

Local Business

Other

This is an important document, which affects your legal rights and obligations. The terms and conditions below relate to training sessions and personal training. Please read carefully and do not sign unless you understand it. If you have any questions, do not hesitate to contact me.

The 'Trainer' refers to the Australian Registered Business 'MECCA Personal Training'

The 'Activity' refers to the participation in personal/group strength, fitness and conditioning training and general advices.

1. **Payment:** All payments for Personal Training and Group Training packages are to be made in advance. Package renewals are due at the last session of the current package. Payments are to be made by direct debit. Casual visits are to be paid on the day of training in cash.

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2. **Cancelling, Missing or Rescheduling Personal Training appointments:** We will do our best to accommodate your request if you need to reschedule your appointment. If your request is placed less than **12 hours** prior to the appointment, you will be charged 50% for the appointment (except under special circumstances or in case of emergency). If you miss a scheduled appointment without cancellation you will be charged for the scheduled training session (except under special circumstances or in case of emergency).
3. **Trainer cancellation or missing an appointment:** In the event of unexpected absence, **12 hours'** notice will be given to you. In the event of your trainer missing a scheduled appointment, your trainer will credit you with one free training session. If your trainer is absent due to a case of emergency you will be rescheduled with no penalty to us.
4. **Client holidays:** We request **7 days** advance notice be given of any prolonged training absences.
5. **Trainer holidays:** Your trainer will provide you with **14 days'** notice for any prolonged trainer absences. Your trainer will discuss alternative training arrangements with you.
6. **Health concerns:** You must inform your trainer of any relevant injury or illness and obtain a medical clearance from your medical specialist prior to beginning (or restarting) training if there are any medical concerns.
7. **Medical freeze option:** If you become ill or injured and have been advised by your doctor to temporarily discontinue training, you may freeze any remaining sessions for a period up to 3 months.
11. **Late Appointments:** All participants should arrive **5 minutes BEFORE** the start of the session, if you arrive late to an appointment or training session it will be shortened at the discretion of the Trainer to allow for a normal finish time.
12. **Injuries:** We wish to advise all clients that it is their personal responsibility to inform their trainer about any personal injuries, concerns, special needs, capabilities & what their personal limitations are. This is especially important for any sessions with a new trainer you have not trained with before or a trainer you have not trained with for a significant period of time. This also applies to any new injuries.
13. **Refunds:** You are allowed 3 sessions to ensure your satisfaction with our service. If, after these 3 sessions you are dissatisfied with your training for any reason you are entitled to a full refund on any unused sessions (session's already undertaken will be charged for at the normal rate). If an emergency arises that prevents you from continuing with your training permanently then you will be refunded for any remaining sessions and any sessions already undertaken will be charged for at the normal rate.
14. **Photographs and right to use:** Photos maybe taken and used by MECCA Personal Training for promotional purposes, without payment or compensation to me. Such photos will remain the property of MECCA Personal Training. **If you do not wish to have your photo taken please let your trainer know.**
15. **MECCA Personal Training's Rights:** MECCA Personal Training may:
 1. Refuse my entry or continuation to a MECCA Personal Training session if MECCA Personal Training's Representatives have deemed (at their sole discretion) me not to be medically or physically fit to participate. However, MECCA Personal Training is not able to provide advice concerning medical fitness to undertake any exercise or activity and that it is my responsibility to seek medical advice in this regard.
 2. Refuse my entry or continuation in a MECCA Personal Training session if MECCA Personal Training's Representatives have deemed (at their sole discretion) my behavior to be unacceptable, unsafe or inappropriate.
17. **Medical Treatment:** I consent and authorise MECCA Personal Training and its Representatives to administer or obtain medical assistance in the event of an accident or medical condition I may suffer whilst participating in a MECCA Personal Training Course and agree to pay for any costs or expenses incurred by MECCA Personal Training in administering or obtaining such medical assistance.

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18. **Privacy:** I understand that the information I have provided is necessary for my participation in any MECCA Personal Training. I acknowledge and agree that the information will only be used by MECCA Personal Training to facilitate the conduct of MECCA Personal Training sessions. As part of my enrolment with MECCA Personal Training, I acknowledge that I may receive information from time to time about the products and services offered by MECCA Personal Training. If I do not wish to receive such information from MECCA Personal Training, I will notify MECCA Personal Training in writing.

19. **Terms and Conditions:** The terms and conditions stated herein will automatically be carried over to your new sessions upon expiry of the current package without the need for a new agreement to be signed and dated.

20. **Liability:** I accept that participating in exercise has a risk of causing injury both minor and potentially major.

21. **Exclusion of Liability:** To the extent permitted by law and while all reasonable care is taken, MECCA Personal Training and its Representatives cannot be held responsible and excludes all liability however arising (including liability for negligence and the negligence of others) for direct, indirect or consequential loss, damage, injury, cost and expenses (including without limitation loss of revenue or profits, loss of business opportunity, goodwill and/or data, and failure to realise anticipated savings or benefits) arising out of or connected with my participation in this activity.

22. **I have provided the information required overleaf and signed the form.** I warrant that all information provided is true and correct. **I have read, understood, acknowledge and agree** to the above declaration including the warning, exclusion of liability, release and indemnity.

Full Name (please print) _____ **Date** _____

Signature _____

Consent

Where the applicant is under 18 years of age this Agreement must also be signed by the applicant's parent or legal guardian.

I, _____ am **the parent or guardian** of _____ [Client].

I expressly agree to be responsible for the client's behavior and confirm that I have read and agree to personally accept the terms and conditions set out in this Agreement including the provision by me of a release and indemnity in the terms set out above.

Full Name (Guardian - please print):

Signature (Guardian):

Date:

Name of Trainer:

Signature of Trainer: