Northgate Fitness Ltd

Gym member intake form

New member - personal details, goals and health screening in one form.

Member details

Full name: _____

Date of birth: _____

Phone: _____

Email: _____

Emergency contact: _____

Membership type: _____

Goals: _____

Medical conditions: _____

Current medication: _____

Injuries: _____

Health screening (PAR-Q) Any heart conditions, chest pain, dizziness, joint problems? Doctor’s clearance needed Y/N

Consent I confirm the information is accurate. I understand exercise carries risk and I participate at my own risk. I consent to my data being stored for membership purposes.

Sign-off

Member: _____ **Signature:** _____ **Date:** _____