

Gym Member Induction Checklist

Name of person being inducted:	
Tenant name:	

Part A	Gym Manager to complete:	Date	
		Y/N	Initial
1	Membership Application Form Completed & Waiver Signed?		
2	Member Handbook Issued		
3	Membership process, eligibility, guests, fees, hours		
4.	Access, security, alarms, CCTV, emergency		
5	First Aid, AED, Panic button, gym clean hygiene & towels		
6	Lockers, amenities, dress code, TV, Fans, Remotes		
7	PT, nutrition, health & fitness programs		
8	Medical/Insurance capacity explained		
9	General rules, message Board, Website, Q&A		
Part B	Personal Trainer to complete:	Date	
		Y/N	Initial
9	Safe use of gym and equipment (incl. glass windows) explained?		
10	Hazards discussed? <ul style="list-style-type: none"> • Tripping, equipment storage • Hydration, Overheating, Dizziness • Weights, spotting 		
11	Personal limitations, techniques & stretching discussed?		
12	PAR-Q Completed?		
13	If applicant answered "Yes" to any questions, is a Medical Authorisation required?		
14	Copy of Medical Authorisation received? (if applicable)		
PT	I am satisfied that the applicant is suitable to use the gym (subject to special conditions below, if applicable)		

Declaration:		
I have read, understood all items covered in this induction. Any questions I had were answered to my full satisfaction.	Signature of applicant	Date:



The following information is required in order to assist the Personal Trainer in conducting the Induction Process

Applicant Name: _____

I. Personal Information

What results do you wish to achieve? (Please tick box)

Reduce body fat/weight loss		Increase muscle strength		Improve muscle tone	
Stress management		Improve flexibility		Increase general fitness levels	
Sports conditioning		Learn to run		Other (specify)	

Where do you want to achieve your results?

Thighs		Back		Lower back	
Stomach		Arms		Hips	
Buttock		Shoulders		Other (specify)	
Chest		Calves			

When would you like to achieve these results then?

Why would you like to achieve these results then?

How many days a week do you wish to exercise?

What has kept you from starting sooner?

On a scale from 1-10, how important is it for you to achieve your results? 1 2 3 4 5 6 7 8 9 10

Do you smoke? Yes / No

Which exercises are you currently doing and how often?

Please tick if you have, or have had, any of the following medical conditions:

High blood pressure		High cholesterol		Dizziness	
Heart problems		Diabetes		Epilepsy	
Arthritis		Asthma		Osteoporosis	

Existing Injuries, Health Issues or Allergies not listed above?

Which supplements do you currently take?

Are you currently, or have you recently, been pregnant?

Do you eat breakfast? Yes, daily Yes, sometimes No, never

I don't ever eat
because ...
How often do you take-away food or frozen meals per week?
I prefer <input type="checkbox"/> Sweet food <input type="checkbox"/> Savoury food
My favourite treat is?
How much pure water do you drink daily?

2. Physical Activity Readiness Questionnaire ('PAR-Q')

Every prospective member should consult with their doctor before they start becoming more physically active.

Please respond either YES or NO (circle Y or N) to the following questions:

1. Are you a man over the age of 45 or a woman over the age of 55? **Y N**
2. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor? **Y N**
3. Do you feel pain in your chest when you do physical activity? **Y N**
4. In the past month, have you had chest pain when you were not doing physical activity? **Y N**
5. Do you lose your balance because of dizziness or do you ever lose consciousness? **Y N**
6. Do you have a bone or joint problem that could be made worse by a change in your physical activity? **Y N**
7. Is your doctor currently prescribing drugs for your blood pressure or heart condition? **Y N**
8. Do you know of any other reason why you should not do physical activity? **Y N**

If you answered YES to any of the above questions, have you been cleared from a doctor?

YES, _____

If you answered YES to any of the above questions, you and your doctor will need to complete a Medical Authorization Form and provide this form to CTC BEFORE your membership application can be progressed. Advise your medical practitioner about this PAR-Q form and discuss your answers to all the questions.



WAIVER:

- 1) **CTC is not in a position to provide any medical advice**
- 2) **CTC strongly recommends that all prospective members seek medical advice from their medical practitioner prior to commencing any training or exercise activity. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.**
- 3) **I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.**
- 4) **I understand that my trainer is not in a position to provide me with medical advice with regard to any medical conditions I may have.**
- 5) **Any information I provided is used only as a guideline to the limitations of my ability to exercise.**
- 6) **Any information I provided is used only as a guideline to the limitations of my ability to exercise.**
- 7) **I will use the CTC facility at my own risk and will not hold CTC, CTC's agents and contractors, nor my trainer liable in any way for any injuries that I may occur as a result of using CTC's facilities.**
- 8) **I understand that it is my responsibility to ensure that I seek medical advice from my medical practitioner prior to commencing any training or exercise activities, regardless of my answers to the PAR-Q questions.**
- 9) **I warrant that I am not aware of any medical condition, whether medically diagnosed or not, that may impact my ability to safely participate in any activities on the gym premises. Activities include but are not limited to any training or exercise activity that I may undertake on the premises, whether or not these are promoted by CTC itself.**

Name: _____

Signature: _____ **Date:** _____