



*"Promoting a healthy lifestyle"*

Manuela Berchtold  
P.O. Box 151, Jindabyne, NSW 2627  
Tel: 0418 254 163  
Email: manuela@highcountryfitness.com.au  
www.highcountryfitness.com.au  
A.B.N. 57 148 471 100

## **Body Blitz Boot Camp Pre-activity Questionnaire & Consent form**

### **Personal Information**

Given Names \_\_\_\_\_ Surname \_\_\_\_\_

Address (postal) \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone Numbers: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (Mob) \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ (*Must be over 18 yrs of age*) Male  Female

**In Case of Emergency, Contact name** \_\_\_\_\_ **Ph** \_\_\_\_\_

### **Medical Information** (*All medical information is held confidential at High Country Fitness*)

*Do any of these apply to you right now?*

A current illness (eg, flu, fever etc).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart condition (pain or tightness in chest ...	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy, fits or blackouts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arthritis.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
High blood pressure.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Joint damage.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Circulatory problems.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Back problems.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sedentary life style.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you Smoke.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If you answer Yes to any of the following questions, please give detail...*

Do you have any current or pre-existing injuries that may restrict you in any way?  Yes  No \_\_\_\_\_

Are you currently taking prescribed medication?  Yes  No \_\_\_\_\_

Have you recently been hospitalised?  Yes  No \_\_\_\_\_

Do you have, or have you recently had any infectious diseases?  Yes  No \_\_\_\_\_

Are there any other conditions you have, which may affect your activity program?  Yes  No \_\_\_\_\_

**Exercise History & Goals in brief:**

Have you exercised in the past?  Yes  No. If yes, at what level? \_\_\_\_\_  
\_\_\_\_\_

Are you currently exercising?  Yes  No. If yes, what, where & how many times per week? \_\_\_\_\_  
\_\_\_\_\_

Are you achieving your goals?  Yes  No.

What are your main goals in this Body Blitz Boot Camp?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disclosure of Medical Conditions**

I represent and warrant to High Country Fitness that I have disclosed details of any medical condition I have and of all recent medical treatment received by me. I have read the questions/information, understand it and any questions which may have occurred to me have been answered to my satisfaction.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Indemnity and Risk Waiver**

In the case of an emergency, I authorise the High Country Fitness staff, where it is impractical to communicate with me, to arrange for me/my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs whilst I am/my child/ward is in a High Country Fitness program.

I understand that although high Country Fitness and its staff attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of this activity program.

Signed \_\_\_\_\_ Date \_\_\_\_\_

***From the High Country Fitness Team...let's bring it on!***

Signature of High Country Fitness Staff \_\_\_\_\_ Date \_\_\_\_\_