[Company name]

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Gym member intake form

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

Member details

Full name	[Full name]
Date of birth	[Date]
Phone	[Phone]
Email	[Email]
Emergency contact	[Name and phone]
Membership type	[e.g. peak / off-peak / class-only]
Goals	[e.g. strength, weight loss, general fitness]
Medical conditions	[List, or ‘none’]
Current medication	[List, or ‘none’]
Injuries	[Current or past relevant 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