



Vitality Challenge

Application Form

Name: _____ Age: _____ D.O.B.: _____
 Address: _____ P'code: _____
 Phone H: _____ Mob: _____ Work: _____ Occupation: _____
 Email: _____
 Emergency Contact Person: _____ Mob. (or work): _____
 Doctor's Name: _____ Ph: _____

CARDIO-PULMONARY SYSTEM

1. Do you have, or have you had, or do you take medications for?

- no / or none of the below
- heart disease (please specify)
.....
- high blood pressure
- high cholesterol
- diabetes
- lung disorder (eg asthma, emphysema)
.....
- other cardiac problem (include pacemaker)

2. Do you have a family history of?

- no / or none of the below
- heart disease high blood pressure
- high cholesterol diabetes stroke

3. Have you ever been told that you have heart problems?

- Eg**
- no / or none of the below
 - heart murmur valve defect
 - racing heart irregular beats
 - angina
 - other.....

4. Do you have, or have you experienced?

- no / or none of the below
- epilepsy fainting seizures
- dizzy spells convulsions

5. Have you ever smoked cigarettes?

- Yes, still do approx.a day
- Yes, but stopped months / years ago.
- Never

MUSCULO-SKELETAL

1. Have you ever experienced any muscular pain or injury in the last 6 months?

Yes No

If yes, please explain:

.....
.....

2. Have you experienced any joint pain or injury in the last 6 months?

Yes No

If yes, please explain:

.....
.....

3. Have you broken any bones in the last 12 months?

Yes No

If yes, please explain:

.....
.....

4. Do you, or a blood relative, suffer from a musculo-skeletal problem, such as osteoporosis or arthritis?

Yes No

If yes, please explain:

.....
.....

GENERAL HEALTH

1. Do you have any neurological disorder which may require special needs whilst exercising? *Eg Parkinson's, Alzheimer's, Multiple Sclerosis, Dementia, Cerebral Palsy.*

Yes No

If yes, please explain:

.....
.....

2. Do you have any allergies which may affect your capacity / ability to exercise?

Yes No

If yes, please explain:

.....
.....

3. Are you aware of any medical reason / condition which might prevent you from participating in an exercise program?

Yes No

If yes, please explain:

.....
.....

4. Are you pregnant?

Yes.....wks No

5. Have you given birth in the last 6wks?

Yes No

PHYSICAL CONDITION

- I participate in fun runs. My best time for 10km's, in the last 12months is _____ mins.
- I go to the gym / use a Personal Trainer / run _____ times a week.
- I participate in a yoga / pilates class _____ times a week.
- I walk the dog.
- I have not exercised in the last 12months.
- I have never exercised.

NUTRITION

- My diet is excellent. I eat lots of fruit and vegetables, and never eat junk food or takeaway food.
- Throughout the week, I am pretty good, but on weekends I treat myself.
- I eat out all the time, and order takeaway foods whenever I am at home.

ALCOHOL CONSUMPTION

- I drink _____ glasses of wine/beer/spirits every night.
- I drink _____ glasses of wine/beer/spirits _____ nights a week.

SLEEP and ENERGY LEVELS

I get approx. _____ hrs sleep every night, and have lots / average amounts / not enough (please circle) of energy throughout the day.

My GOALS for this program

You can tick one or all of the following goals.

- Reduce Excess Deposits of Winter Body Fat!
- Reduce Winter Toxins!
- Improve Winter Motivation Levels!
- Reduce Winter Flabby Bits!
- Improve Winter Fitness Levels!

Marketing

How did you hear about the Vitality Challenge?

- I am a current client with Jump Start
- Referral from _____
(our clients receive a special gift when they refer someone!)
- I am a returning client
- Shop Front
- Pamphlet
- Local Paper eg Mosman Daily, Northside Courier
- Website. I googled..... to find you.
- Other _____

Thank you Gifts

Most of our clients come to us because someone they know has been very happy with the way we have looked after them, and also because of the great results that they have achieved. When we receive these referrals we like to say thank you properly with a gift you would actually enjoy. In the next 2yrs we hope that we do not have to spend any money on advertising & marketing, because all our new 'jump start family' will be **referred** to us by our current happy 'jump start family'. We hope you can help us with this goal, so we can pass on the savings to you. So if you were to receive a gift for referring someone to us, what would be 3-5 of the most ideal options from the list below.

- | | |
|--|--|
| <input type="checkbox"/> Book Voucher | <input type="checkbox"/> Food Hamper |
| <input type="checkbox"/> Movie Voucher | <input type="checkbox"/> Flowers -> My favourite is..... |
| <input type="checkbox"/> CD Voucher | <input type="checkbox"/> A Beauty Therapy Appointment -> My favourite treatment is.... |
| <input type="checkbox"/> Personal Training voucher | <input type="checkbox"/> A Hair Appointment -> My favourite salon is..... |
| <input type="checkbox"/> Jump Start Merchandise | <input type="checkbox"/> Magazine Subscription -> My favourite is..... |
| <input type="checkbox"/> A Spray Tan | <input type="checkbox"/> Perfume/Aftershave -> My favourite is..... |
| <input type="checkbox"/> A Massage | <input type="checkbox"/> A Restaurant Outing -> My favourite restaurant style is |
| <input type="checkbox"/> Fitness Pack | <input type="checkbox"/> A Sporting Event -> My favourite is |
| <input type="checkbox"/> Gift voucher to try other Jump Start services | <input type="checkbox"/> A bottle of wine -> My favourite is |

Booking Form

**I wish to participate in the JUMP START
Vitality Challenge Program:**

- Platinum Level - \$677
- Gold Level - \$497
- Silver Level - \$297

**I wish to participate in the JUMP START
Vitality Challenge Program,
and I am a current Jump Start client:**

- Platinum Level - \$598
- Gold Level - \$418
- Silver Level - \$218

I am securing my place with full payment of a **cheque** made payable to Jump Start.

I am securing my place by **transferring** the full amount to the Jump Start bank account. Please send an email with the receipt number once this is done.

- Bank: Westpac
- Account Name: Jump Start Personal Training Pty Ltd
- Account Number: 211296
- BSB: 032197

I am securing my place with full payment, and my **credit card** details are as follows. I understand there is a 2% merchant fee.

Credit Card Details

Name on Card: _____

Card Number: _____

Expiry Date: __ / __ 3 digit security number (found on back of card) _ _ _

Cancellation Policy

2wks prior to Program – full refund minus administration fee of \$50

Less than 2 weeks prior to program – no refund

Cancellation of program is at Company’s discretion. If this occurs a full refund will be given.

Agreed _____ Dated _____

Please circle the sessions you would like to be booked in for:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Walk 2 Trot <i>6.30-7.15am</i>		Fitness Circuit <i>6.15-7.15am</i>	Fit 2 Box <i>6.30-7.30am</i>	Yoga <i>6.15-7.15am</i>	Walk 2 Trot <i>8.30-9.15am</i>
Run 4 Fun <i>6.30-7.30am</i>	Fitness Circuit <i>8.30-9.30am</i>		Pilates <i>9.30-10.30am</i>		Fitness Circuit <i>8.30-9.30am</i>
Fitness Circuit <i>8.30-9.30am</i>	Mums with Bubs <i>10-11am</i>			Mums with Bubs <i>10.30-11.30am</i>	Pilates <i>9.30-10.30am</i>
		Fit 2 Box <i>6.30-7.30pm</i>			

Acknowledgment Release and Assumption of Risk

Warning

THIS IS AN IMPORTANT DOCUMENT, WHICH EFFECTS YOUR LEGAL RIGHTS AND OBLIGATIONS.

Please read it carefully and do not sign it unless you understand it.
If you have any questions, please ask.

Participant's name: _____ D.O.B. _____

Acknowledgment of Risks, Injury and Obligations

I acknowledge that activities I undertake with JUMP START Personal Training Pty Ltd (the "activities") have potential dangers and by participating in them I am exposed to certain risks.

I acknowledge and understand that whilst participating in any such activities:

- I, or any baby, toddler, child, dog etc that I bring with me, may be injured, physically or mentally, or may die.
- Any physical conditions I may have (or any baby, toddler, child, etc that I bring with me may have), of which I may or may not be aware, or of which I may or may not have disclosed to JUMP START Personal Training Pty Ltd or its employees or agents, may be aggravated or worsened by my participation.
- My personal property may be lost or damaged.
- Other people participating in such activities (or any baby, toddler, child, etc that those other people may bring with them) may cause me or the baby, toddler, child, dog etc that I bring with me, injury, or may damage my property.
- I may cause injury to other people or damage their property.
- The conditions and venues in which activities are conducted may vary without warning.
- I, or any baby, toddler, child, dog etc that I bring with me, may be injured or die or suffer damage to property as a result of the negligence or breach of contract of JUMP START Personal Training Pty Ltd, and/or its employees or agents.
- There may be inadequate or no facilities for treatment of me or any baby, toddler, child, dog etc that I bring with me, in the event of an injury, and there may be no immediate transport available to transport me (or any baby, toddler, child, dog etc that I bring with me) to adequate treatment facilities, in the event of an injury being suffered.

I, assume the risk of, and the responsibility for, any injury, illness, death or loss of or damage to property resulting from my participation in any activities.

Release and Indemnity to JUMP START PERSONAL TRAINING PTY LIMITED, IT'S EMPLOYEES AND AGENTS

In consideration of the acceptance of my payment (or guest status) for participating in any activity (and except to the extent that the business may be precluded by statute) I agree:

1. I participate in the activities at my sole risk and responsibility.
2. I forever release, indemnify and hold harmless JUMP START Personal Training Pty Ltd together with all directors, shareholders, employees and contractors, from and against all and any actions, suits, proceedings, claims, demands, losses, damages, penalties, fines, costs and expenses which may be made by me or on my behalf or by other parties for or in respect of or arising out of any injury, loss, damage or death caused to me or any baby, toddler, child, etc that attends any activities with me, or my property, directly or indirectly, whether by an act of negligence (other than gross negligence), breach of contract, breach of duty, default or in any way whatsoever, to the fullest extent permitted by law.

I also agree that in the event that I or any baby, toddler, child, dog etc that I bring with me am injured, or my property is lost or damaged, I will bring no claim, legal or otherwise, against JUMP START Personal Training Pty Ltd or its employees or contractors, in respect of that injury, loss or damage.

Before signing this document I have read and understood it and know how it effects my legal rights.

Signed by: _____ Date: _____