



## UNDERGROUND TRAINING SYSTEM

### Registration Form & Pre Exercise Questionnaire

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

I would like to register for the program of the following dates (Insert dates)

Please Tick if Applies

- Anyone from your family under the age of 60 suffered Heart Disease, Stroke, raised Cholesterol or Sudden death?
- Do you have high blood pressure, diabetes or raised cholesterol?
- Are you male over 35 or female over 45 and NOT used to regular vigorous exercise?
- Are you on any prescribed medication?
- Have you been hospitalised in the past 12 months?
- Are you Pregnant?
- Have you given birth in the past 6 weeks?
- Do you have any Infectious Disease?

Do you have, or have you had?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Gout                | <input type="checkbox"/> Glandular Fever           | <input type="checkbox"/> Any Heart Condition |
| <input type="checkbox"/> Stroke              | <input type="checkbox"/> Rheumatic Fever           | <input type="checkbox"/> Heart Murmur        |
| <input type="checkbox"/> Dizziness/ Fainting | <input type="checkbox"/> Palpitation or Chest Pain | <input type="checkbox"/> Arthritis           |
| <input type="checkbox"/> Hernia              | <input type="checkbox"/> Liver or Kidney Condition | <input type="checkbox"/> Asthma              |

If you ticked a box, please give details of conditions and dates cleared and sign below:

\_\_\_\_\_

\_\_\_\_\_ Signature: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

### Payment Details

CASH

Payment in cash upon initial session

CHEQUE

Cheque upon initial session

Made to: GEHAAVYA PRODUCTIONS

DIRECT TRANSFER

Account Name: Gehaavya Productions Bank: ANZ BSB No: 012964 A/C No: 486905749

Please insert YOUR NAME as the Transaction Reference

Statement:

Underground Training System shall not be liable for any personal injury or damage to property arising out of the activities organised by the business as all medical conditions have been disclosed, and I therefore release any liability for accidental injury or illness, which I may occur as a result of participating in any prescribed exercise program.

I agree that by signing this agreement, either by traditional or digital methods, enrolls myself into the above stated program, and that the Underground Training System will deliver program as stated.

By submitting this form, you are consenting to receive emails from Underground Training System and its affiliates and partner programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_