

New Member Intake Form Application & Questionnaire



Office Use Only

Payment Method: _____
 Membership Purchased: _____
 First Class (date&time) _____
 Entered into Mind Body DD/MM/YY _____
 Follow up complete : Y/N
 Initials of Sales Rep : _____

Thank you for visiting Oxygen Yoga & Fitness, in order to put you in the best program to match your goals we ask that you take a few minutes to fill out this questionnaire to enable you to begin your journey with us.

MEMBERS MUST BE 14 OR OLDER TO PARTICIPATE IN ANY HOT CLASSES, MUST BE OVER 19 TO SIGN AGREEMENT

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| Personal Information | | Please fill out ENTIRE registration form. | |
| First Name: | Last Name: | Date Of Birth: | |
| Mobile Number: | Address | City and Postal Code: | |
| Home Number: | | | |
| Email Address: | Occupation: | Emergency Number: | |
| Would you like us to email you with related info, such as contests, classes, events, membership etc? | How did you hear about us? Friend/Internet/Social Media Name of referral: | Emergency Contact & Relationship: | |
| What Social Media do you use? <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Twitter <input type="checkbox"/> Snapchat <input type="checkbox"/> YouTube <input type="checkbox"/> Pinterest Other _____ Top 2 Social Media pages you use 1) _____ 2) _____ | | | |
| Physical Activity Readiness Questionnaire - PAR-Q | | | |
| Has your doctor ever said that you have a heart condition and that you should only do physical activity that is recommended by a doctor? | | YES | NO |
| Do you frequently have pains in your chest when you do physical activity? | | YES | NO |
| In the past month, have you had chest pain when you were not doing physical activity? | | YES | NO |
| Do you lose your balance due to dizziness or do you ever lose consciousness? | | YES | NO |
| Do you have a bone, joint or other problem (I.E diabetes, epilepsy, respiratory ailments, back problems, etc.) that might be made worse by physical activity like riding a bike or treadmill? | | YES | NO |
| Are you pregnant now or have given birth within the last 6 months? | | YES | NO |
| Have you had recent surgery? | | YES | NO |
| If you have marked YES to any of the above, please elaborate below: | | | |
| Activity and Fitness Related Questions : | | | |
| Circle all that apply to you OR initial if they don't apply to you: | | | |
| * high blood pressure | *MS | *kidney disease | |
| *Smoking | *Respiratory conditions | *Pregnant | |
| For your safety, if you have answered YES we do require that you seek advice and clearance from a health professional (and a doctor's note is REQUIRED) before attempting our Hot Classes. | | | |
| PLEASE TURN PAGE OVER - COMPLETE AND SIGN/DATE THE SECOND PAGE. | | | |

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| Do you have any reason why you should not be exercising? * |
| Does your physician know that you are about to participate in class and would they approve? |
| Previous Yoga/Pilates/Personal Training experience? * |
| On a scale of 1 - 10 (1 = Worst Ever, 10 = Best), how would you rate your present fitness level? |
| Reason for exercising? |
| Additional info that would be important for your teacher to know about you, such as injuries, likes/dislikes (candles/aromatherapy) etc.* |

Important Message

As with any

other form of exercise Hot Yoga presents contraindications and health risks. Please ensure you are familiar with the following and ask questions if you need clarification.

- inflated body temperature can create a false sense of laxity (joint flexibility) resulting in over stretching and tissue damage *high body temperatures can generate hyperthermia states resulting in nausea, light headedness, and fainting
- excessive sweating can lead to dehydration that, without proper rehydration, can adversely affect cellular metabolism
- highly elevated body temperature and dehydration can lead to increased heart rate (compensation in delivering adequate blood flow) which can further lead to increased blood pressure - for those already dealing with high blood pressure, one could move into contraindicated states of blood pressure and circulatory issues.

Liability Waiver

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTIONS OF RISK AND INDEMINITY AGREEMENT. BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!

Assumption of Risks & Release of Liability, Waiver of

claims and Indemnity

*I have completed the Pre-exercise screening form and have truthfully answered all questions to the best of my ability. I am aware that participation could, in some circumstances, result in physical injury and have discussed my participation, where applicable, with my physician. I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity with Oxygen Training. Having such knowledge, I hereby release Oxygen Training, their representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I here by assume all risks connected therewith and consent to participate in said program. I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program. In consideration of the acceptance of participation in the program offered by OXYGEN TRAINING for myself, my heirs, executors, administrators and assigns, waive any claims to which I may become entitled for injury or damage and WAIVE ANY AND ALL CLAIMS that I have or may in the future against OXYGEN TRAINING and its directors, officers, employees, agents and representatives (collectively "OXYGEN TRAINING"). TO RELEASE OXYGEN TRAINING, from any and all liability for any loss, damage, injury or expense that I may suffer as a result of participating in the exercise programs offered by OXYGEN TRAINING, due to any cause whatsoever. INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT ON THE PART OF OXYGEN TRAINING. **I HAVE READ THIS AGREEMENT AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST OXYGEN TRAINING.***

IF YOU ARE UNDER 19 YEARS OLD. YOU MUST HAVE A PARENT/GUARDIAN SIGN THIS FORM.

NAME IN FULL _____

SIGNATURE (OR GUARDIANS) _____

DATE _____