

# CROSSFIT ARENA

## Pre – Participation Questionnaire

### PERSONAL DETAILS

First Name		Last Name	
Address			
Mobile		Phone	
Occupation		Email	
Gender		Date of Birth	
Emergency Contact		Emergency Number	

### HEALTH ASSESSMENT

It is my professional duty of care to ask all participants to complete the following questions. Have you ever had or do you have any of the following conditions? Simply circle yes or no.

#### Stage 1- Medical Conditions

- Do you take any medications on a regular basis? Yes / No  
If so please list \_\_\_\_\_.
- Do you have diabetes? Yes / No  
If yes, please indicate if it is insulin-dependent diabetes mellitus or non-insulin dependent diabetes mellitus.
- Have you had a stroke? Yes / No
- Has your doctor ever said you have heart trouble? Yes / No
- Do you have bad asthma and take asthma medication? Yes / No
- Are you or do you have reason to believe you may be pregnant? Yes / No
- Is there any other physical reason that prevents you from participating in an exercise program (e.g; cancer, osteoporosis, severe arthritis, thyroid, kidney or liver disease, back or neck problems)? Yes / No

#### Stage 2 – Signs and Symptoms

- Do you often have pains in your heart, chest or surrounding areas, especially during exercise? yes / no
- Do you often feel faint or have spells of severe dizziness during exercise? yes / no
- Do you experience shortness of breath when not doing anything strenuous? yes / no
- Have you had an attack of shortness of breath after exercise at any time in the past 12 months? yes / no
- Have you been awakened at night by an attack of shortness of breath? yes / no
- Do you experience swelling or accumulation of fluid in or around your ankles? yes / no
- Do you often get the feeling that your heart is beating faster, racing, or skipping beats, either at rest or during exercise? yes / no
- Do you regularly get pains in your calves and lower legs during exercise which are not due to soreness or stiffness? yes / no

**Stage 3 – Cardiac Risk Factors**

- 1. Do you smoke cigarettes daily, or have you quit smoking within the past two years? yes / no
- 2. Has your doctor ever told you that you have high blood pressure? yes / no
- 3. Has your father, mother, brother, or sister had a heart attack or suffered from cardiovascular disease before the age of 65? yes / no
- 4. Are you a 46 or older male or 56 or older female at your last birthday? yes / no
- 5. Have you been hospitalized recently?  
Specify \_\_\_\_\_ yes / no
- 6. Have you ever suffered from any serious physical injury?  
Give Details \_\_\_\_\_ yes / no

**Stage 4 – Exercise Past**

- 1. What are your current activity patterns?
  - a) Frequency \_\_\_\_\_ exercise sessions per week
  - b) Intensity  

1	2	3	4	5	6	7	8
Bed Rest	Sedentary	Easy	A Little Uncomfortable	Uncomfortable	Hard	Very Hard	Hurtful
  - c) Duration \_\_\_\_\_ minutes per session
  - d) Type of exercise performed \_\_\_\_\_
  - e) Past History            < 3months            6 - 12months            > 12months

**If circled yes please give details of the condition, medication, and approx date.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WARNING “RHABDO”**

High intensity exercise must be approached cautiously in the beginning, a gradual ramp up of intensity is necessary to allow muscles cells to adapt to the new demands being placed on them. Failure to do so, opens the door to a life threatening condition, know as “Rhabdomyolysis”. In short, the muscle cells are damaged flooding the bloodstream with toxins that can overwhelm the kidneys as they attempt to cleanse the blood, leading to potential shutdown. Crossfit can cause “Rhabdomyolysis”. It is important that you start at a reduced intensity, Brown urine, complete muscle weakness and / or swelling of joints are warning signs of “Rhabdo”. If you develop these symptoms, seek medical assistance IMMEDIATELY.

**SECTION C: DECLARATION**

I, the undersigned, confirm that I have answered the above questions as accurately as possible and that CrossFit Arena will rely upon my answers when assessing my physical capacity. Under all circumstances and at all times, I remain obliged to report to CrossFit Arena any difficulty I experience or anticipate experiencing during physical activity before that activity commences or continues.

Signature of Client: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of CrossFit Trainer: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Bowe Construction s Pty Ltd ACN 084 529 920 trading as

**CROSSFIT ARENA  
ABN 34 084 529 920**

I, being an adult of aged 18 years or more, and of my own free will hereby apply to Bowe Construction Pty Ltd ACN 084 529 920 trading as CrossFit Arena ABN 34 084 529 920 ("CrossFit Arena") for acceptance as a candidate for personal physical training including boxing if elected by the Applicant, for the purpose of fitness, recreation, enjoyment and leisure ("the activity").

I have voluntarily chosen to participate in training activities provided by Bowe Constructions Pty Ltd trading as "CrossFit Arena". I understand there are inherent risks in all aspects of physical training and acknowledge that I have been informed of the possible strenuous nature of the training and the potential for undesirable physiological results including, but not limited to, abnormal blood pressure, muscle soreness, fainting, heart attack and/or death. I also acknowledge that I have been specifically warned about the medical condition "Rhabdomyolysis" and accordingly I have been advised to limit my effort in order to minimize the risk associated with this condition.

I understand that the training may involve weightlifting, gymnastics movements, strenuous bodyweight exercises and other high exertion activities, and that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training session. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my trainer. I give CrossFit Arena and the staff of the facilities I train in permission to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expense incurred.

I agree to waive any and all claims that I have or may have in the future against Bowe Constructions Pty Ltd, and its directors, officers, employees, agents, volunteers, and independent contractors (all of whom are hereinafter collectively referred to as "The Releasees"). I agree to Release The Releasees from any and all liability for any loss, damage, injury or expense that I may suffer , or that my next of kin may suffer as a result of my participation in the program, activities and services provided by Bowe Constructions Pty Ltd, due to any cause whatsoever including negligence, breach of contract or breach of any statutory of other duty of care. I agree to hold harmless and indemnity the releasees from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in any program, activity or service provided by the releasees.

This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement id held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. If I am signing on behalf of a minor child, I also give full permission for any person connected with Bowe Constructions Pty Ltd to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

Use of picture(s)/film/likeness: I agree to aloe Bowe Constructions Pty Ltd, its agents, officers, principals, employees and volunteers to use picture(s), film and/or likeness of me for advertising purposes. In the event I choose not to allow the use of the same for said purposes, I agree that I must inform Bowe Constructions Pty Ltd of this in writing.

**I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS"INFORMES CONSENT FORM" I AM WAIVERING CERTAIN LEGAL RIGHTS (INCLUDING THE RIGHTS TO SUE) WHICH I OR MY HEIRS, NEXT TO KIN, EXECUTOR, ADMINISTERS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES. ANY QUESTIONS I HAD WERE ANSWERED TO MY FULL SATISFACTION.**

Signature of participant: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CONSENT STATEMENT FOR PERSONS UNDER 18 YEARS**

I, \_\_\_\_\_ being the parent / guardian of the abovenamed Applicant have read the whole of this documents and consent to him/her participating in the Activity. In doing so I acknowledge that physical fitness training can be dangerous, and that neither CrossFit Arena nor its employees, agents or contractors shall be under and liability whatsoever for any death or bodily injury, loss or damage which may be sustained or incurred by the abovenamed candidate or by me, however such death or bodily injury, loss or damage is caused by negligence or otherwise.

Signature of parent / Guardian: \_\_\_\_\_  
(delete whichever does not apply)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_