



North Canterbury's Biggest Loser Application Form

Name _____ Date of Birth ____ / ____ / ____

Address _____ Phone (Home) _____

_____ (Work) _____

_____ (Mobile) _____

E-mail _____

Occupation _____

Postal _____

Address _____

(If different _____

from above) _____

How long have you lived at this address? _____

How many others living with you _____

Relationship to you? (E.g. Family/Flat mate. This helps us to determine your support networks outside of the gym) _____

Describe your current fitness level and what your short and long term fitness goals are: _____

Please provide a current photo of yourself with your application.

Health History

Height _____ cm

Weight _____ kg

Do you have or have you ever had:

Asthma
 Diabetes/Hypoglycemia
 High Blood Pressure
 Low Blood Pressure
 Under active Thyroid
 Overactive Thyroid
 Raised
 Cholesterol/Triglycerides
 Heart Condition
 Liver or Kidney Condition
 Food Intolerance

Allergy
 Dizziness or Fainting
 Hip/Knee
 Replacement
 Epilepsy
 Stroke
 Gout
 Arthritis
 Chronic Fatigue
 Glandular Fever
 Infectious Disease

Please list any other medical conditions which may affect your ability to exercise. _____

Please list any prescribed medications you take. _____

Please list any dietary limitations. _____

Have you Been Hospitalized in the last 12 months?

No/Yes-Please explain _____

Exercise History

1. What physical activity are you currently involved in? _____

2. How much time each week does this activity take up? _____

3. What physical activity have you been involved with in the past which you no longer continue? _____

4. How long ago did you stop this activity? _____

Have you trained in a Fitness Centre environment before?

Yes/No

If you answered yes, what caused you to stop training in the past? _____

Time (Please note you will be required to make 3 team training sessions a week and really need to be able to commit to at least 5 days. Previous competitors who have excelled have often done 6 days and some times twice a day on some if not all of those days.)

How much time do you have for each training session?

30 minutes 45 minutes 60 minutes 75+ minutes

How often per week can you train?

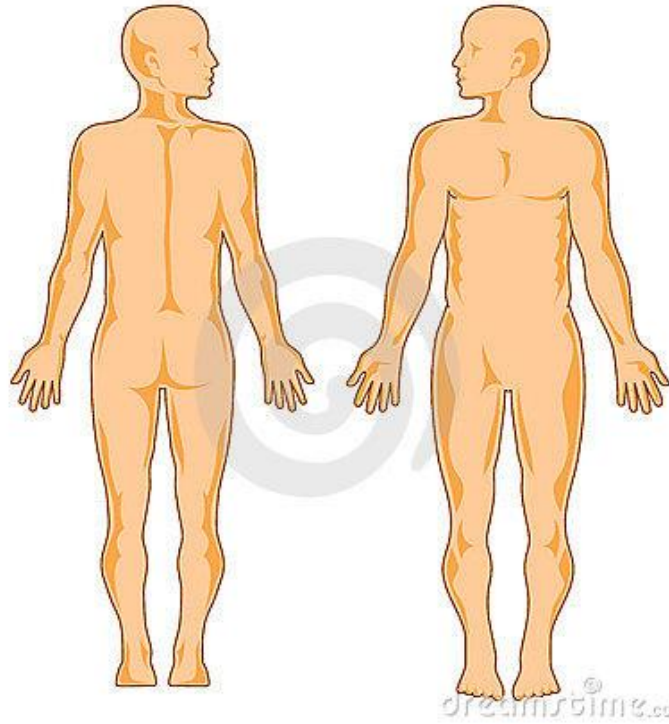
1 day 2 days 3 days 4 days 5 days 6 days 7 days

What time of day best suits you to train?

7am - 9am 6pm - 8pm

Injuries

Please indicate on the figures below sites of injuries you have had or have joint pain you currently live with.



You may like to provide a short explanation of injuries/pain: _

Feel free to provide any more information to help us with our decision. _____

Add another page if required

Please return application form to McAlpines Mitre 10 Mega Sports Centre, 138 East Belt, Rangiora by 9.30pm Wednesday 1st of February.