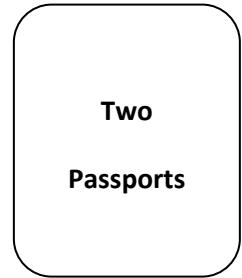


Membership Form



REG. NO:  MEMBERSHIP DETAILS

SECTION 1:

PERSONAL INFORMATION

Surname: \_\_\_\_\_ Other Name(s) \_\_\_\_\_

Occupation: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Office Address: \_\_\_\_\_

Nationality: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ Email: \_\_\_\_\_

Date and Month of Birth: \_\_\_\_\_

Age Bracket:  18-21  21-30  31-40  41-50  51-60 +

Name of spouse: (For Couple Membership): \_\_\_\_\_

In Case of Emergency Contact: Name: \_\_\_\_\_

Telephone No \_\_\_\_\_

Section 2:

TYPES OF MEMBERSHIP

(Tick where appropriate)

Individual  Couple  Corporate

Monthly  Quarterly  Half Yearly  Silver  Gold  Platinum

MEMBERSHIP APPLICATION

I hereby apply to become a member of Bodyboost Fitness and Health Club after carefully studying the Etiquette, Rules & Regulation of the club.

.....  
**CLIENT'S SIGNATURE**

.....  
**Date**

**MEDICAL FORM**

This form is designed based on the American College of Sport Medicine and the International Federation of Sportive Medicine (FIMS) that all clients must have a medical clearance of fitness before engagement in any active exercise program to identify risk cases. The form is geared towards establishing the health status of every client, and issuance of a medical clearance of fitness to engage in a desired fitness program. This should be a yearly exercise. We recommend that you do a proper medical examination/checkup before beginning any exercise program.

**SECTION 1: PERSONAL DATA**

NAME.....SEX.....  
HEIGHT.....WEIGHT.....  
PERSONAL DOCTOR (if any).....PHONE.....  
CONTACT IN CASE OF EMERGENCY.....PHONE.....  
ADDRESS.....

**SECTION 11: MEDICAL EXAMINATION**

**A. HEALTH HISTORY QUESTIONNAIRE**

1. Are you taking any medications of drug? Yes..... No.....

If Yes, indicate what drugs.....

2. Does your doctor know you are participating in this exercise? Yes..... No.....

3. What health programs are you involved in:-

(i)..... (ii)..... (iii).....

4. Have you had or do you have:

- History of heart problems, chest Pains or Stroke..... Yes..... No.....
- Increased Blood pressure..... Yes..... No.....
- Difficulty with Physical Exercise..... Yes..... No.....
- Advice from a Doctor not to exercise..... Yes..... No.....
- Any Chronic Illness, please specify..... Yes..... No.....

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- Recent Surgery (last 12 months).....Yes..... No.....
- Pregnancy (now or within the last 3 months)..... Yes..... No.....
- History of Breathing or Lung Problems.....Yes..... No.....
- Muscles, Joint or Back Disorder or Bone Problems..... Yes..... No.....
- Diabetes or Thyroid Diseases.....Yes..... No.....
- Cigarette Smoking Habit.....Yes..... No.....
- History of Heart Problems in your Family..... Yes..... No.....
- Hernia or any condition that may be aggravated by Exercise..... . Yes..... No.....
- Any allergies? (if yes) to what?.....

Signature/Date.....

**B. DOCTOR'S EXAMINATION**

- Blood Pressure:.....
- Urinalysis: .....
- Chest Examination.....
- ECG finding.....

COMMENTS: .....

Medical Doctor.....

Signature/Date

**NUTRITIONIST ASSESSMENT FORM**

Date: ..... Name: ..... Sex: .....

Address: ..... Telephone: ..... Email Address: .....

Body Measurement (Height .....Chest.....Waist.....Hips .....Arms .....Weight..... BMI.....)

Nutrition & Health: the foods you eat have a great effect on your health. Eating foods that are good for you will lead to good health and eating junk foods lead to poor health. Being fit is now more important than ever and this can be achieved not through months of deprivation and under nutrition but through an active lifestyle and a healthy diet. You get fit quicker and have more energy if you eat in a healthy way. The only way to maintain a healthy weight and ideal physique is through a long term diet regime, in combination with an exercise program. **You Are What You Eat.**

**(A) Nutrition Questionnaire For Lifestyle Change**

1. How would you describe your health? (a) Excellent (b) Very Good (c) Good (d) Fair (e) Poor
2. How active is your work routine (a) very active (b) Fairly Active (c) Limited Activity (e) Sedentary
3. How often do you exercise in a week? (a) Daily (b) 1-2 times (c) 3-4 times (d) 5 or more times.
4. Do you easily gain or lose weight by alteration in your diet? Yes...../No.....
5. Do you smoke? Yes...../No.....
6. Do you drink Alcohol? Yes...../No.....
7. Are you currently taking any drugs or supplement? Yes...../No..... yes which ones?.....
8. Do you eat breakfast regularly? Yes.../No...If No give reason, (a) not hungry (b) no time (c) other...
9. How often do you snack between meals (biscuits, pastries, sweet drinks)?  
(a)>4 times daily (b) 1-3 times daily (c) a few times per week (d) hardly ever
10. How often do you eat meals such as burgers, shakes or fried foods?  
(a) >4times daily (b) 1-3 times daily (c) about once a week (d) hardly ever
11. Are whole grain foods part of your regular meals? Yes...../No.....
12. Which is the regular source of your dietary protein? (a) Vegetable protein – beans, soya (b) Animal protein...meat/fish (c) both.
13. Have you heard of the food guide pyramid? Yes...../No.....
14. Would you like to participate in our nutrition talks/programs for your general nutrition education?  
Yes...../No.....

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**(B) Nutrition Program Questionnaire**

1. Are you satisfied with your weight? Yes...../No.....
2. If not, what body weight would you like to achieve?
3. Would you be interested in a personalized nutrition program? Yes.....No...if yes, answer questions 4-7)
4. Please describe your expected goals from the nutrition program? (a) weight loss (b) getting fit (c) body building (d) improve pre-existing health conditions like diabetes, high cholesterol etc. (e) others.....
5. In what time frame would you want to accomplish your goals? (a) 3months (b) 6months (c) 12 months
6. How would you rate your motivation towards achieving your goal? (a) poor (b) average (c) good (d) excellent
7. Please rate this questionnaire: (a) excellent (b) very good (c) good (d) poor (e) questionnaire not necessary.

*Please contact customer care for more information if you are interested in a personalized nutrition program.*

*Please NOTE:*

*Applying and completing this form does not entitle you to being a member of Bodyboost. The Fitness Club reserves the right to disapprove the application.*

**FITNESS QUESTIONNAIRE**

1. How would you judge your level of fitness?

HIGH       LOW       IN- BETWEEN       ZERO

2. Do you start exercise programmes and then find yourself unable to keep up with it?

3. YES       NO

4. Are you presently engaged in any form of exercise?

YES       NO       if yes, please state:

5. How long have you been exercising?

MONTHS       YEARS       NEVER HAVE

6. What form of activities interest you?

- Cardiovascular Machines
- Free weights
- Strength Machines
- Aerobics
- YOGA
- Pilates
- Fit Foods and Juice Bar

7. What do you hope to achieve by exercising? Please tick as appropriate.

S/N	Goal(s)	Yes	No
1	To lose weight	(kg)	(kg)
2	To gain weight		
3	To maintain weight?		
4	To prevent cardiovascular diseases?		

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5	To enhance your mental health?		
6	To enhance your feeling of wellness?		
7	To keep you active?		
8	To be in shape and look good?		
9	To keep fit?		
10	To improve performance for a sport?		
11	To enhance therapy for a medical condition/s?		
12	Just to network?		

➤ 7. What area of your body would you like to work on (if any)?

- Shoulders
- Chest
- Arms
- Abs (stomach)
- Obliques
- Thighs
- Butts (buttocks)
- Back
- Calves
- General body work out

Membership Form

**Exercise Guidelines**

According to the American college of sport medicine (ACSM), to be fit and healthy the minimum exercise requirement is:-

3 - 5 days a week

20 - 60 minutes per session, and an appropriate exercise intensity measured by the target heart rate which is 60-90% of the maximum heart rate (maximum heart rate =  $220 - \text{age of individual}$  ) and varying according to the exercise experience, weight, age, health issues, post surgery etc.

It may even go lower than 60% if one is uncomfortable during exercise.

On each day, a simple routine of:-

5-10 minutes of warn-up

15- 30 minutes of cardiovascular exercise and strength training including use of machines that works on different parts of the body and use of the free weights.

5-10 minutes of stretching/ warm down.



## Membership Form

### **WEIGHT LOSS PROGRAM FACTS YOU NEED TO KNOW**

- ★ The goal in any weight reduction program is to lose body fat while retaining lean body mass (bone and muscle).
- ★ Cutting down on calories alone as a means of weight loss causes “moderate losses of water and lean body mass” – not a desirable effect. Additional drawbacks to the diet-only approach are reduced metabolism (your body burns less calories) and possible increase in LDL (the bad) cholesterol.
- ★ Prolonged fasting and extremely low-calorie diets can be medically dangerous. Along with rapid weight loss, can come reduction in blood glucose, increased uric acid and ketone bodies as not only body fat is burnt but body muscle is metabolized also and reduction in blood volume and body fluids.
- ★ An exercise program involving “....dynamic exercise of large muscles...” will result in losing fat while retaining lean body mass.
- ★ A nutritionally sound diet with a reduction of 300 to 500 calories per day, together with an endurance exercise program, will promote fat loss and retention of lean body mass. You shouldn't lose any more than about one to two kilograms a week.
- ★ Long term weight loss involves a lifelong commitment, good eating habits, and frequent exercise. Crash and radical weight loss programs do not work.
- ★ Whereas dieting causes loss of both body fat and muscle, the right kind of exercise can preserve or even increase muscle. This fact is important since lean tissue (e.g. muscle) is metabolically active and burns calories.
- ★ Fat loss will occur more rapidly when exercise is added to the dieting program.
- ★ And so:-
  - ★ Lose 1kg per week by burning 1000 calories per day.
  - ★ Join high impact aerobic class and burn 700 calories an hour.
  - ★ Do strength/weight training for 30-40 minutes per session and burn 500 calories.

**Therefore, fire up your fat burners. Eat healthy and make exercise a lifestyle.**

MANAGEMENT

Membership Form

**WAIVER OF LIABILITY**

I.....Do hereby understand and agree to waiver, release and discharge BODYBOOST Health & Fitness Club (a P.M.C. Nigeria Limited company) (including it's agents) from any responsibility or liability of injuries or cause of death arising as a result of my participation in the activities, programs, exercise for body fitness and the use of it's facilities / equipment and machinery.

In furtherance to this waiver of liability, I do hereby declare myself to be physically sound and suffering from no impairment, disease, infirmity and illness/illnesses that would prevent my participation or use of equipment / facilities / machinery or has received an all clear from my physician to do so.

I do acknowledge that I am informed of the need for a physician's certification/ approval for my participation in the general/specific fitness activities. I am also aware of the potential hazards associated with my participation in the use of equipment/ facilities/ machinery that cause injury or death.

In view of the above clauses, I do hereby agree to exonerate BODYBOOST Health & Fitness Club (a P.M.C. Nigeria Limited company) and it's agents from any responsibility or liability for any injury / damages that I may sustain in the cause of my participation.

Participants Name:

Signature/Date

In the presence of:

Name: .....

Address: .....

Occupation: .....

Signature/ Date: .....

Membership Form

**THE 22 RULES OF ETIQUETTE**

1. NO GYM BAG OR OTHER PERSONAL BELONGINGS INTO THE FITNESS FLOOR/ AEROBICS STUDIO.
2. BE COURTEOUS TO FELLOW MEMBERS, GUESTS AND MEMBERS OF STAFF.
3. REFRAIN FROM YELLING, USING PROFANITY, BANGING WEIGHT AND MAKING LOUD SOUNDS.
4. DO NOT SIT ON MACHINES BETWEEN SETS.
5. RE-RACK WEIGHTS AND RETURN ALL OTHER EQUIPMENT AND ACCESSORIES TO THEIR PROPER LOCATION.
6. ASK INSTRUCTORS TO SHOW YOU HOW TO OPERATE EQUIPMENT PROPERLY SO THAT OTHERS ARE NOT WAITING AS YOU FIGURE IT OUT.
7. WIPE DOWN ALL EQUIPMENT AFTER USE.
8. STICK TO POSTED TIME LIMITS ON ALL CARDIOVASCULAR MACHINES
9. DO NOT BRING CHILDREN INTO THE GYM FLOOR. CHILDREN MUST REMAIN IN THE LOUNGE/ RECEPTION OR DINING ROOM AREA.
10. DO NOT DISTURB OTHERS, FOCUS ON YOUR OWN WORKOUT AND ALLOW OTHERS TO DO THE SAME.
11. PLEASE FRESHEN UP AND APPLY DEODORANT ALWAYS TO AVOID UNPLEASANT ODOUR DURING WORKOUT.
12. BEFORE BEGINNING YOUR WORKOUT, WASH YOUR HANDS AND WIPE OFF ANY COLOGNE OR PERFUME.
13. PUT YOUR TELEPHONE HANDSET ON VIBRATION/ SILENT MODE AND NO NOISE WHILE TAKING PHONE CALLS.
14. MEMBERS ARE RESPONSIBLE FOR THE CONDUCT OF HIS/ HER GUEST/VISITOR.
15. GUESTS/ VISITORS SHOULD STAY IN THE LOUNGE
16. APPROPRIATE CLEAN EXERCISE SHOES AND CLOTHING MUST BE WORN WHILE EXERCISING
17. MEMBERS ARE NOT TO TRADE WARES AMONG THEMSELVES WITHIN THE CLUB PREMISES.
18. PERSONAL AIDES, SECURITY DETAILS AND DRIVERS SHOULD NOT GO BEYOND THE RECEPTION AREA, EXCEPT TO BRIEFLY TAKE MESSAGE FROM MEMBERS.
19. GUESTS/ VISITORS ARE NOT ALLOWED TO SIT AT THE BAR/RESTAURANT EXCEPT PURCHASE IS MADE IN THAT SECTION.
20. MEMBERS / GUESTS ARE NOT ALLOWED TO GO BEYOND THE KITCHEN DOOR.
21. NO DRINK EXCEPT WATER IS PERMITTED WHILE WORKING OUT ON A MACHINE OR IN A FITNESS CLASS.
22. YOUR SUBSCRIPTION STARTS COUNTING ONCE YOU COMMENCE WORKOUT. THERE AFTER MANAGEMENT WILL NOT BE HELD RESPONSIBLE FOR ANY EXCUSE OF NOT USING ENOUGH OF YOUR SUBSCRIPTION AFTER IT EXPIRES.

I hereby agree to abide by the above etiquette.

.....

Member's Signature

.....

Date