

REGISTRATION FORM

ACCESS CARD SERIAL NO.
(OFFICE USE ONLY)

LAST NAME / SURNAME:

GIVEN / FIRST NAMES:

HOME ADDRESS:

CURRENT AGE AT
REGISTRATION:

SEX:

DATE OF BIRTH:

MOBILE CONTACT NUMBER:

HOME CONTACT NUMBER:

PERSONAL E-MAIL ADDRESS TO
RECEIVE NOTIFICATIONS:

EMERGENCY CONTACT NAME:

(In the event of an emergency who would you like us to contact? Please state clearly)

EMERGENCY CONTACT MOBILE
NUMBER:

RELATIONSHIP OF EMERGENCY
CONTACT:

Please READ the following:-

A COMPULSORY Registration Fee of RM50.00 will apply to all new registrations and will be renewable ANNUALLY. Upon Registration, the client will be issued an Access Card which will enable the client to enter the main gate at the ground floor during business hours. Registration will entitle the Client to purchase any Fitness Activity Packages provided by Core Reactor, it's PTs, and the use of all Core Reactor's Equipment & Facilities. Replacement of the proximity card will be RM20.00. The Access cards should not be shared and cannot be transferred to other users.

Rules, Regulations & Penalties for Bookings

All 'one to one' and 'group' sessions are to be booked in advance based on 1st come 1st serve basis. No BLOCK BOOKING is allowed. All clients are entitled to ONE booking session in advance for both 'one to one' and/or 'group' session. A 24 hour cancellation policy will apply to ALL bookings. Failure to cancel 24 hours in advance, will incur an automatic forfeit of the booked session.

****CORE REACTOR PT STUDIO SDN BHD RESERVES THE RIGHT TO DENY OR REFUSE ENTRY TO ANYONE AT ITS OWN DISCRETION, ESPECIALLY IF THE INDIVIDUAL DOES NOT COMPLY TO THE RULES OF THE BUSINESS AND IS DEEMED TO BE ABUSIVE OR DISRUPTIVE TO THE BUSINESS OPERATION, OR ACTIVITIES.**

PAR-Q (Physical Activity Readiness Questionnaire for everyone)

Regular physical activity is fun and healthy, and more people should become more physically active every day of the week. Being more physically active is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

SECTION 1

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.		YES	NO
1.	Has your doctor ever said that you have a heart condition OR high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are you currently taking prescribed medications for a chronic medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have a bone or joint problem that could be made worse by becoming more physically active? Please answer NO if you had a joint problem in the past, but it does not limit your current ability to be physically active. For example, knee, ankle, shoulder or other.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

*If you answered **NO** to all of the questions above, you are cleared for physical activity. Proceed to **SECTION 3**.

If you answered **YES to ONE or MORE of the questions above, please proceed to **SECTION 2**.

SECTION 2

1) Has a Physician ever told you that you have any of the following? (Please indicate by putting a tick next to the appropriate answer)

<input type="checkbox"/> Coronary Heart Disease	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Cancer
<input type="checkbox"/> Rheumatic Disease	<input type="checkbox"/> Lung Disease (Eg. Asthma)	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Obesity
<input type="checkbox"/> Irregular Heartbeats	<input type="checkbox"/> Stroke	
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Congenital Heart Disease	
<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Angina	<input type="checkbox"/> Others...

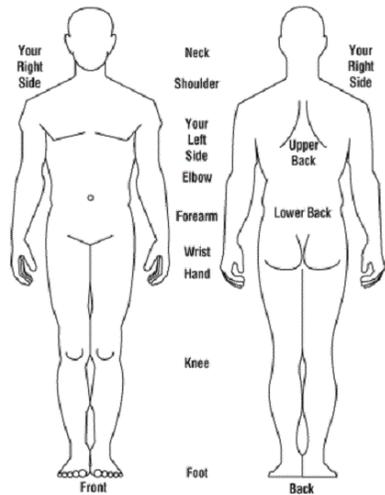
If you have ticked ANY of the above, please use the space provided below to elaborate:-

2) Are you currently taking any medication that may restrict your ability to perform physical activity? Please name and state the purpose why?

3) Do you currently have any medical condition for which a physician has ever recommended some restrictions on activity (including surgery)?

4) How long has it been since you last participated in some form of physical activity? Please state the nature of the activity and how long ago.

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5) Please use the diagram on the left, to highlight areas which you may have injured in the past 12 months. Also circle areas where there may be a pre-existing injury which may restrict your ability to perform ANY physical activity. Please use the space provided below to elaborate where necessary.

6) If there any other concerns that may not have been highlighted or indicated in our Questionnaire, please use the following space below.

7) For Office use only – Additional Remarks / Notes about the applicant.

Delay becoming more active if:

- You are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better
- You are pregnant – talk to your health care practitioner, your physician before becoming more physically active OR
- Your health changes – please answer the questions on Section 2 of this document and/or talk to your doctor before continuing with any physical activity program.

**SPORTS FITNESS WAIVER FORM (FOR EVERYONE)
INFORMED CONSENT / RELEASE OF LIABILITY
SECTION 3 - PLEASE READ CAREFULLY**

I, _____, admit knowingly and willingly that I have enrolled at CORE REACTOR PT STUDIO SDN BHD, to participate in any physical activities. In consideration of my entry and of my own free will, I (the undersigned) do hereby voluntarily release, and give up any and all claims, (including personal injury to me or my wrongful death) against CORE REACTOR PT STUDIO SDN BHD, its instructors, coaches, personal trainers, volunteers and persons involved in the program and all of its affiliates, (including but not limited to instructors, participants, directors, employees, contractors and sub contractors), that may arise from my participation in CORE REACTOR PT STUDIO SDN BHD or while travelling to and from the classes, even if caused in whole or in part by the negligence or other fault of the aforementioned parties or persons.

I fully understand that I may injure myself as a result of my participation in this program and hereby release CORE REACTOR PT STUDIO SDN BHD, and aforementioned facilities from any liability, now or in the future, including but not limited to heart attacks, muscle, strains, sprains, pulls, tears, broken bones, shin splints, heat exhaustion, knee, back, or foot injuries and any other illness, soreness, or injury, however caused, occurring during or after my participation in this exercise program. It is further agreed that all exercise including the use of equipment, as well as travel to and from CORE REACTOR PT STUDIO SDN BHD locations shall be at my own risk.

I fully understand that I am forever giving up, in advance, any right to sue or make claims against the parties I am releasing, if I suffer any injuries or damages, even though I do not know what or how extensive those injuries and damages might be and am voluntarily assuming the risk of such injuries or damages. I understand this consent form and am not under any physical or emotional duress to sign.

I, have read, agreed to the above release note and answered this questionnaire. Any questions that I had were answered to my full satisfaction.

Name: _____

Date: _____

Signature: _____

Name and Signature of Witness: _____

Signature of parent / guardian / care provider: _____

Confirmed and approved by CORE REACTOR PT STUDIO SDN BHD: _____