

Pedaltek Spin Class Application Form

Complete application form and return on first session. pedaltekfitness@gmail.com

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:
Address:			
Mobile:		Phone:	
Email:			

Goals:	<input type="checkbox"/> Competitive cycling	<input type="checkbox"/> Triathlon	<input type="checkbox"/> Touring
	<input type="checkbox"/> General fitness	Other _____	

Course Outline and Features:
10-week modules using specific heart-rate or power training
Ongoing monitoring and advice: Pedalling technique, Gear selection, Bodypositioning
All sessions are one hour in duration

Handy Hints:
Bring a towel, headband and 2 water bottles
Ant + Cadence/speed computer and heart rate monitor are a requirement for power session readings

Select 10 week block: (refer to website for dates)			
<input type="checkbox"/> BLOCK 1	<input type="checkbox"/> BLOCK 2	<input type="checkbox"/> BLOCK 3	<input type="checkbox"/> BLOCK 4

Select preferred location and time:	
<input type="checkbox"/> Tuesday 6:15am @ Glandore	<input type="checkbox"/> Tuesday 6:30pm @ Glandore
<input type="checkbox"/> Wednesday 7 am @ Goodwood	<input type="checkbox"/> Thursday 6 pm @ Goodwood
<input type="checkbox"/> Wednesday 6:30pm @ Glandore	

Payment: Full payment required in advance. Refer to website for payment details and options.

Where did you hear about the classes?			
<input type="checkbox"/> email	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Flyer	<input type="checkbox"/> Bike Station
<input type="checkbox"/> Word of mouth	Other _____		

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General health questionnaire

Please answer the following health questions:	Yes	No	N/A
Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?			
Do you frequently have pains in your chest when you perform physical activity?			
Have you had chest pain when you were not doing physical activity?			
Do you lose your balance due to dizziness or do you ever lose consciousness?			
Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anaemia, epilepsy, respiratory ailments, back problems, etc.)? If yes, please describe:			
Are you pregnant now or have given birth within the last 6 months?			
Have you recently been ill, been injured or had surgery? If yes, please describe:			
Are you aware through your own experience, a doctor's advice, or any other physical reason that would prohibit you from engaging in physical activity?			
Do you smoke or have you quit within the last six months?			
Do you take any medications, either prescription or non-prescription, on a regular basis? If yes, please list:			

Do you have or have ever had:	Yes	No	Do you have or have ever had:	Yes	No
Coronary heart disease, heart attack, coronary artery surgery			Kidney problems or discomfort when urinating		
Angina			Head injury or epilepsy		
High Blood Pressure			Tendency to bleed or bruise easily		
Peripheral vascular disease			Anaemia		
Stroke			Lung problems		
Diabetes			Liver problems		
Thyroid problems			Abdominal pain, hernia, or G.I. Bleeding		
Hepatitis			Gout		
Arthritis			Headaches that are chronic and severe		
Asthma					

If you have answered YES to any of the above questions, please consult with and obtain appropriate clearance from a medical professional before committing to this exercise program

Pedaltek disclaimer: Participation in spin classes is at the client's own risk.

Client Signature:

Date: