



150 Trichardt Rd
Parkrand
Boksburg
1459

Ilse Engelbrecht
+27820655738
info@jumpaholics.co.za

Jump-Aholics SA

Private File

For:

Assessment Date:

Type of training:



+27820655738



Jump - Aholics SA



@jump_aholics.sa



150 Trichardt Rd
Parkrand
Boksburg
1459

Ilse Engelbrecht
+27820655738
info@jumpaholics.co.za

Permission of Disclosure and Indemnity Waiver

I will participate in the assessment protocols and subsequent exercise programs of Jump-Aholics SA at my own risk, and hereby indemnify Jump-Aholics SA and its staff against any claim, no matter how arising, which may result from my participation or association.

I also confirm that I have disclosed all medical history and information as could be deemed relevant to my participation in an exercise program.

I understand that my assessment results will remain confidential, and never be sold for profit or gain, but may be released in aggregate form for scientific research purposes.

Signature: _____

Date: _____

Booking Cancellation Policy

It has been explained to me, and I understand and agree, that Jump-Aholics SA must offer myself and others a professional service, and at least twenty-four (24) hours' notice of cancellation must be given to avoid a full fee payment for that appointment. I also understand that this will be waived in the case of sudden or unexpected illness.

Signature: _____

Date: _____

Guarantee

To demonstrate a total commitment to professionalism:

Jump-Aholics SA would like to confirm that should your trainer ever be late (even 60 seconds late), your training session that day will be complimentary.

Signature: _____

Date: _____



+27820655738



Jump - Aholics SA



@jump_aholics.sa



150 Trichardt Rd
Parkrand
Boksburg
1459

Ilse Engelbrecht
+27820655738
info@jumpaholics.co.za

Personal Details:

Name: _____ Gender: _____ Age: _____

Date of Birth: _____

How did you hear about Jump-Aholics SA? _____

Home Address: _____

Postal Address: _____

Cell phone No: _____ Work No: _____

Doctors Name: _____ Phone No: _____

Occupation: _____ Average hours: From _____ To _____

Emergency Contact:

Name: _____ Relationship: _____

Cell phone No: _____ Work No: _____

	Little							Maximum		
Mental Health	1	2	3	4	5	6	7	8	9	10
Physical Stress	1	2	3	4	5	6	7	8	9	10

How do you see yourself now? (Tick one or more boxes)

Average	Over Ideal Weight	Under Ideal Weight	Fit	Unfit	Extremely Unfit
---------	-------------------	--------------------	-----	-------	-----------------



+27820655738



Jump - Aholics SA



@jump_aholics.sa



150 Trichardt Rd
Parkrand
Boksburg
1459

Ilse Engelbrecht
+27820655738
info@jumpaholics.co.za

P.A.R.Q.

Have you or any of your immediate family ever suffered from:		
1. Elevated blood pressure	Y	N
2. Elevated cholesterol levels	Y	N
3. Chest pain (with or without shortness of breath)	Y	N
4. Stroke/Heart Attack	Y	N
5. Angina	Y	N
Are you currently taking any Medication	Y	N
Have you been under treatment now or in the last 6 months	Y	N
Have you had Surgery in the last 24 months	Y	N
Have you ever had a Hernia	Y	N
Do you suffer from Diabetes	Y	N
Do you suffer from Arthritis	Y	N
Do you suffer from (or in the last 6 months) any joint/muscle pain	Y	N
Has any medical practitioner ever warned you against excersie	Y	N
Are you pregnant (now or in the last 3 months)	Y	N
Are you sedentary male over 35 years or a female over 45 years	Y	N

If you have marked "YES" (or you don't know) to any question above, please take the "letter to your Medical Practitioner" included overleaf to your Doctor and obtain clearance for assessment and guidance for subsequent activity. Your Doctor's clearance is needed before your assessment. If you cannot see your Doctor before the scheduled assessment, please reschedule your assessment to after your Doctor's appointment.

Were you guided toward excersie by the medical profession	Y	N
Are you taking an oral contraceptive	Y	N
Do you suffer from Hypoglycemia	Y	N
Do you ever feel faint or suffer from dizzy spells	Y	N
Have you ever suffered from respiratory problems (Asthma, etc.)	Y	N
Do you smoke cigarettes	Y	N

If you have market "YES" to any 3 of the above questions, please follow the directions in the shaded area above.

Is there anything that could be deemed relevant to your participation in an activity program that you have not told us yet? If so please fill in below.



+27820655738



Jump - Aholics SA



@jump_aholics.sa



150 Trichardt Rd
 Parkrand
 Boksburg
 1459

Ilse Engelbrecht
 +27820655738
 info@jumpaholics.co.za

Please tick any activity in which you have participated in the last 12 months, and then circle any activity you would like to participate in, in the future.

<input type="checkbox"/>	Running	<input type="checkbox"/>	Canoeing
<input type="checkbox"/>	Cycling	<input type="checkbox"/>	Squash
<input type="checkbox"/>	Triathlon	<input type="checkbox"/>	Tennis
<input type="checkbox"/>	Aerobic Classes	<input type="checkbox"/>	Basketball
<input type="checkbox"/>	Walking	<input type="checkbox"/>	Hokey
<input type="checkbox"/>	Rock climbing	<input type="checkbox"/>	Netball
<input type="checkbox"/>	Rugby (Union or League)	<input type="checkbox"/>	Cricket
<input type="checkbox"/>	Ballet	<input type="checkbox"/>	Skiiing (Water or Snow)
<input type="checkbox"/>	Martial Arts	<input type="checkbox"/>	Sailing
<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Other (Please list)

Not Important					Very Important				
1	2	3	4	5	6	7	8	9	10

Using the scale above, please give a personal value to each of the following

<input type="checkbox"/>	Increased Sports Performance	<input type="checkbox"/>	Decrease Body Fat
<input type="checkbox"/>	Change the way I feel	<input type="checkbox"/>	Improve General Moods
<input type="checkbox"/>	Improve Cardiovascular Fitness	<input type="checkbox"/>	Avoid Osteoporosis
<input type="checkbox"/>	Improve Flexibility	<input type="checkbox"/>	Alleviate Stress
<input type="checkbox"/>	Increase Strength	<input type="checkbox"/>	Increase Energy Levels
<input type="checkbox"/>	Increase Muscle Size	<input type="checkbox"/>	Enjoyment



+27820655738



Jump - Aholics SA



@jump_aholics.sa



150 Trichardt Rd
Parkrand
Boksburg
1459

Ilse Engelbrecht
+27820655738
info@jumpaholics.co.za

	Y	N
Do you eat breakfast		
Do you eat lunch		
Do you eat dinner		
Do you have any other meals between these		
Do you crave "snacks" between eating times		
Do you drink coffee or tea		
Do you take sugar in them		
Do you use butter or margarine on bread		
Do you cook with oil		
Do you use salt in cooking		
Do you drink wine and/or beer		
Do you have dressing on salads		
Do you eat our regularly		
Do you experience sudden mid-morning or mid-afternoon energy drops		
Do you get regular headaches		
Do you have trouble sleeping		
Do you feel tired or sluggish after eating		

How do you feel upon awakening: _____

What type of fat or oil do you cook with: _____

What type of milk do you use: _____

What type of bread do you most often buy: _____

What type, and how much alcohol do you most often drink: _____

What diet programs (if any) have you tried in the past: _____

Name: _____

Signature: _____

Date: _____

Signature of parent: _____
or Guardian (for participants under the age of majority)

Witness: _____



+27820655738



Jump - Aholics SA



@jump_aholics.sa