

Gym Registration Form

Complete your **gym registration form** with our easy-to-use sample, which includes a comprehensive health questionnaire. This form ensures all necessary medical details are collected to create a safe workout environment. Streamline your enrollment process while prioritizing member wellness.

Personal Information

Full Name:

Date of Birth:

Gender:

--Select--

Email Address:

Phone Number:

Address:

Emergency Contact

Contact Name:

Contact Phone:

Health Questionnaire

**Have you ever been diagnosed with any of the following conditions?
(Check all that apply):**

Heart Disease

Diabetes

Asthma

High Blood Pressure

Joint or Musculoskeletal Problems

None of the above

Are you currently taking any medication?

--Select--

If yes, please specify:

Medication name(s)

Do you smoke?

--Select--

Do you have any allergies?

--Select--

If yes, please specify:

Allergy details

Are there any other health concerns or limitations we should be aware of?

Describe any other health concerns

Declaration



I confirm that the information provided is accurate and complete. I agree to follow the gym's safety guidelines and inform staff of any health changes.

Submit Registration