Membership ID. 2495

Xtreme Fitness.

Branch Address :

PHOTO

Date : 24/2/2022
DD / MM / YYYY

Name in full : KulDeep Singh Rathore [Chandan Singh Rathore] father name

Address : House /No 4, 3/floor Diamond yarkad Tower Dahirampet Hubli.

Pincode :

Phone : 8147660999 Mobile : 7204062534 Dad Email address :

Date of Birth : 04/01/1995 Occupation:

Marital Status: Married / Unmarried Date of Anniversary: ___/___/___ Gender: Male / Female

Membership Duration: ______ to ______

Person to contact in case of emergency:

Name: Archana Rathore, 7338070796

Relationship: Contact No.:

Physician's Details:

Physician's Name:

Physician's Phone No.:

Interested in availing the following services from Xtreme Fitness.

☐ Gym Membership / Complete Health Club Facility i.e.Gym, Cardio and Steam	☐ Massage and Steam	☐ Transform
	☐ Weight Loss	☐ Reduce
☐ Personal Training	☐ Weight Gain	☐ Nuform

Two references: 1. Name and contact details

2. Name and contact details

MEDICAL HISTORY

is information is confidential.This history will not be shared with anyone without your written consent.
ur Medical Hostory is very important for both yourself and for us to understand what exercise regime will suit you. Please vote some time and carefully fill in the details asked for below.

Are you taking any medications or drugs? If so, please list medication, dose and reason

a. ______________________________

b. ______________________________

c. ______________________________

Describe any physical activity you do regularly.

____

____

How often do you currently workout?

* 1 - 3 days per week * More than 3 days per week * No, I had not worked out from last ________ months / year's

Currently, are you on any diet plan?

* No * If Yes then please specify the details

____

Please mention if you are having or had any of the following:

Particulars	Yes	No
1. History of heart problems,	☐	☐
a. chest pain	☐	☐
b. stroke	☐	☐
2. More than one blood relative (parents, sibling, first cousin) had	☐	☐
a. heart attack or coronary heart disease before the age of 50 years?	☐	☐
b. Angina pectoris,	☐	☐
c. sharp pain or heavy pressure in chest as a result of exercise, walking or other physical activities such as climbing stairs? (Note: this does not include the normal out of breath feeling that results from normal activity)	☐	☐
3. Experienced rapid heart action or palpitation?	☐	☐
4. A real or suspected rapid heart action or palpitation?	☐	☐
5. A real or suspected heart attack, Myocardial infarction, Coronary insufficiency or thrombosis?	☐	☐
6. Taken nitroglycerine or any other tablet for chest pain-tablets you take by placing them under the tongue?	☐	☐
7. a. High blood pressure?	☐	☐
7. b. Ever taken any medication to lower your blood pressure?	☐	☐
8. Ever taken special diet to lower your cholesterol?	☐	☐
9. Difficulty in carrying out physical exercise	☐	☐
10. Advice from physician not to exercise	☐	☐
11. Suffering from asthma?	☐	☐
12. Suffering from Rheumatic fever?	☐	☐
13. Do you drink alcohol?	☐	☐
14. Recent surgery (last 12 months)	☐	☐
15. Pregnancy (now or within last 3 months) or	☐	☐
16. Any gynecological disorders	☐	☐
17. Are you under a lot of stress?	☐	☐
18. History of breathing difficulty or lung problems	☐	☐
19. Muscle Injury	☐	☐
20. Joint or back disorder	☐	☐

Signature: ______________

FITNESS

ACTIVATION FORM

Date: 24/2/22

I Kuldeep.Singh.R Phone No 8147660999 the member of XTREME FITNESS would like to activate my package from 25/2/2022

Package Details:

Reg. No :

Package : CHCF

Duration : 12 months

From : 25/2/2022 to 24/2/2023

Note :

- Activation date cannot be changed once billing is done (irrespective of your presence in gym). Hence make sure before you mention the activation date.
- If absent for more than 15 days at a time then member can opt for freezing facility (FREEZING FEES applicable) based on the eligibility and will be applicable only if intimated during the package is active, once package is expired freezing is not possible.
- All packages are non-refundable.
- Package will not be paused/stopped irrespective of any reason.

Member's Signature

FD's Signature

Office Use:

FD Name: Cathrine.

Manager's Signature:

Remarks iif any: