



Date: _____

Fitness Program Application

Personal Details

Name: _____ Date of Birth: _____

Primary Phone: _____ Secondary Phone: _____

Address: _____

Email (Optional): _____

Emergency Contact Details

Name: _____ Relation: _____ Phone: _____

Questionnaire

All applications are private and confidential; questions are optional based on your comfort level sharing the requested information. Assistance completing this form is available upon request

1. What barriers do you feel you have to starting an fitness program?

Physical

Cost

Access

Experience

Other: _____

Details: _____

2. Have you been on a previous fitness program or member of a gym? Yes No

Details: _____

3. How would you rate your fitness level (please circle a number below)

1

2

3

4

5

6

7

8

9

10

← Below Average

Average

Above Average →

4. What do you hope to accomplish from a fitness program?

Applying for (please circle): 5 Health Club Passes

4 Personal Training Sessions

You will be contacted to confirm we have received your application, passes will be applied to your account and you will receive a membership card upon your first visit. Health Club passes can only be applied to anyone who is not a current Health Club member. A membership discount is available upon completion of your passes.

Please return completed forms to Mark Salt at Tillsonburg Community Centre
Or Email a scanned copy to: msalt@tillsonburg.ca