

KatFit is a brand that is passionate about the people we work with - their health and wellness, helping them achieve their goals, and keeping them motivated every step of the way.

So when you become a member of KatFit, you are not just joining another gym or fitness centre - you are investing in YOURSELF, and getting the KatFit promise from every member of our team: that we will be with you every step of the way, and help you to achieve your goals.

Please take a few minutes to complete your membership form, and let's get started on your incredible journey to achieving your fitness goals!

## PERSONAL DETAILS

Full Name \_\_\_\_\_

Date \_\_\_\_\_

Title  Mr  Mrs  Miss  Ms

ID Number \_\_\_\_\_

Occupation \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal address \_\_\_\_\_

Work number \_\_\_\_\_

Mobile \_\_\_\_\_

Email address \_\_\_\_\_

# MEDICAL AID DETAILS

Medical Aid Name \_\_\_\_\_

Plan Type \_\_\_\_\_

Membership Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Contact Number \_\_\_\_\_

# PHYSICAL

Please indicate which of the below conditions, if any, you have:

- Low Blood Pressure
- High Blood Pressure
- Over/Under-Active Thyroid
- High Cholesterol
- Diabetes
- Heart Condition
- Other conditions not listed above:

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies? Please indicate what you are allergic to:

- Yes     No \_\_\_\_\_

Do you have any injuries or recent operations? If so, please share more details:

Yes  No \_\_\_\_\_

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Are you taking, or have you recently take (last 3 months) any medications? If yes, please list these medications.

Yes  No \_\_\_\_\_

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Are you taking any vitamins and/or supplements? If yes, please list these.

Yes  No \_\_\_\_\_

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Do you smoke? And if so, how many cigarettes per day?

Yes  No  No. per day \_\_\_\_\_

What is your alcohol consumption per day?

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What is your daily water intake?

Less than 250ml

500ml

1 litre

1.5 litres

More than 1.5 litres

What is your blood type?

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# TRAINING STATUS

What are your lifestyle goals?

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Close your eyes and imagine what would your life look and feel like when your goals are achieved, what would you be able to do, experience, wear? What would your daily routine look like? Be specific and share your vision with us.

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Have you done fitness training before, and if so, what kind of training and where?

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Where did you hear about KatFit?

Friend/Colleague

Facebook

Instagram

Website

Google

## DAILY ROUTINE

I wake up at: \_\_\_\_\_

What is your desired training time, and current training time if you train on your own?

\_\_\_\_\_

Explain in detail what your diet at the moment consists of (your daily food and eating routine). Please include breakfast, lunch, dinner and any snacks in-between.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing to do what it takes to get you from where you are now, to where you want to be?

Yes     Mega Yes     Super-Mega YES!

What is your recovery plan or routine after your workouts?

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I go to bed at: \_\_\_\_\_

## WEEKLY TRAINING ROUTINE

At the moment, what does your Monday routine look like? Please be as specific as possible and highlight your emotional state you experience as you go about this routine.

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At the moment what does your Tuesday routine look like. Please be as specific as possible and highlight your emotional state you experience as you go about this routine.

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At the moment what does your Wednesday routine look like. Please be as specific as possible and highlight your emotional state you experience as you go about this routine.

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At the moment what does your Thursday routine look like. Please be as specific as possible and highlight your emotional state you experience as you go about this routine.

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At the moment what does your Friday routine look like. Please be as specific as possible and highlight your emotional state you experience as you go about this routine.

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At the moment what do your weekend routines look like. Please be as specific as possible and highlight your emotional state you experience as you go about this routine.

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What are your preferred days and times to work out with your instructor?

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# AGREEMENT & SIGNING

By submitting this form you confirm that you have answered the questions in this Membership Agreement honestly and completely. Once your submission has been received, you will receive a link to digitally sign your completed document, following which you will receive a copy for your records.

We look forward to partnering with you to help you reach your fitness and wellness goals!

**FULL NAME**

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**DATE**

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**SIGNATURE**

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