



Sports Model Australian Team 2012 Application

This is only an application form – you are not committed to training, joining, or bound to us in anyway via this form. Once your application has been received, and if possible we will set up a one on one assessment date to meet you.

We visit our clients in Sydney, Perth, Adelaide, Brisbane and the Gold Coast regularly.

Online stage mentoring and preparation programs are suitable for those outside of Melbourne

Please fill out as much information as you can. The more details you give, the better we can get to know you thus making customizing your program more personal. Please return this form and medical clearance (if required) to **Melody Carstairs** or **Jessica Anderson** when you come in for your appointment or via email to extremebodygym@yahoo.com.au .

Alternatively, you can post your forms to:

Fitness Boutique
217 Swan Street
Richmond Victoria 3121

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Use the allocated spaces to write your answers.

Save your document to file and attach it to email, or print to post.

About You:

Name.....

How did you find out about the Sports Model Australian Team for 2012?
.....
.....

Address.....
.....
.....

Telephone Number(s) BH
AH MBL

Email address.....



Birth Date.....Age:

Occupation.....

Have you competed before? Yes/No

If YES, which federation?.....

What federation interests you? [] INBA [] WNBF [] ANB [] WBFF [] Other.....

What appeals you to the federation that interests you?

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.....

Have you got any dance/gymnastics experience? If so, please explain;

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Hobbies and Interests

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Can you give me an example of your daily exercise (if any)

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Can you give me an example of your daily food and drink intake (alternatively, you can keep a food diary for 5 days and attach it as a separate document

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Photos and Measurements:

Before and after photos area great incentive to all! Please ask a friend or partner to take a BEFORE photo of you (within 7 days of today) holding the day's newspaper with the front page clearly visible. Take 4 separate pictures, front view, and side view to the left, rear view to the right.

Current Weight

Current Body Fat (if known).....

Method of testing used.....

Your ideal weight goal is

Your ideal Body Fat

Describe your body shape

The following measurements should be in either Cm's / Inches (select)

Height

Shoulders (widest point)

Bicep (arm)

Chest

Waist (belly button area)

Hips (widest point)

Thigh

Above knee

Calf

What body parts do you especially want to develop and/or improve?
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Have you set yourself some specific goals? **Yes / No**

If yes, please tell me

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Lifestyle:

Does your work offer you a degree of activity? **Yes / No**

If yes, please explain

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Do you work shift work? **Yes / No**

If yes, please describe

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Outside of work, what physical activities do you participate in?

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Do you travel frequently? **Yes / No**

If yes, please give examples/details

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Do you dine out often? **Yes / No**

If yes, how many nights a week or month

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Do you have a family at home **Yes / No**

If yes, please give examples/details

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Exercise History:

Do you currently follow any exercise program **Yes / No**

If yes, please give details including frequency (attach current program if possible)

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Do you walk regularly? **Yes / No**

If yes, how far and how often

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Describe your fitness level

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Describe your energy level

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Have you got a favorite type of exercise **Yes / No**

If yes, please give examples/eg: aerobic, resistance training, yoga etc

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Required for Online programs:

With your Sports Model program, will you be training at home or at a gym?

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If at a gym, which one?

If at home, do you have equipment? **Yes / No**

If at home, please describe what you have, including equipment and weights

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If possible, please attach a photo of any equipment you have in the home.

Do you have stairs? **Yes / No**

Do you live near a park or place to walk? **Yes / No**

How much time do you have to commit to a program each week?

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Personal Training:

Have you ever trained with a trainer or using an online program before? **Yes / No**

If yes, please give details

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For how long did you continue?

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Were you happy with your results then? **Yes / No**



Please no, explain your reason here

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.....
.....

At Home:

Do you have children at home? **Yes / No**

Do you children attend school or day programs? **Yes / No**

Do you cook and eat regular meals? **Yes / No**

Do you sleep regular hours? **Yes / No**

Are you prepared to WIN?? Yes / No

Is there anything else you would like to tell us, or think we should know?

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Medical:

Do you have any known reason why you should NOT participate in any form of exercise or structured eating program? **Yes / No**

If so, please give details

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Do you have and known injuries? **Yes / No**

If so, please give details

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Are you currently receiving any form of rehabilitation? **Yes / No**



If so, please give details

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If YES to any of the above, you may be further asked to supply further documents. In some cases training may not be offered.

Client/Buyer declaration

- ✓ I have read and understand that by submitting this form I am under no obligation to train, compete or continue with any program.
- ✓ I understand results may vary between individuals and success is dependent on my commitment and dedication.
- ✓ I have accurately declared all injuries, movement limitations, and medical conditions and am in a fit state to exercise.
- ✓ I am fit to follow a healthy eating plan.
- ✓ I understand that a further assessment will be required prior to commencement.

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I..... (Full Name)

Signature..... Date.....

Do you know anyone else that may be interested in any of our programs? Yes/No

If yes, please include contact details:

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Can we tell your friend that you have referred them to us? Yes/No

Thank-you