

**Waterfront Neighbourhood Centre**  
**Weight Room Assessment**

WNC Membership #: \_\_\_\_\_

WR Membership # \_\_\_\_\_

Receipt # \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Emergency Name & Phone #: \_\_\_\_\_

**Please answer the following questions so we can adequately cater to your needs:**

1. Have you ever lifted weights before?  Yes  No

**Please comment:**

\_\_\_\_\_

2. Do you have any medical conditions that we should be familiar with, such as asthma, back problems, joint problems etc...?  Yes  No

**Please comment:**

\_\_\_\_\_

3. Do you have approval from your doctor to participate in a physical activity like weight lifting?  Yes  No

**Please comment:**

\_\_\_\_\_

4. Are you involved in any other physical activities, like running, swimming, squash?  Yes  No

**Please comment:**

\_\_\_\_\_

5. How would you rate your fitness and physical ability?  
 Beginner  Intermediate  Advanced

6. What area of your physical fitness do you want to work on?  
 Cardiovascular  Flexibility  Toning  
 Strength & Muscle Endurance  All of the above

7. How often do you work out now?

\_\_\_\_\_

8. What specific area of your body do you want to work on the most?  
**Example:** Legs, Stomach, chest, etc....

\_\_\_\_\_

9. Please state any other concerns or suggestions you have.

\_\_\_\_\_

Orientation done by: \_\_\_\_\_ Date: \_\_\_\_\_  
**DON'T FORGET , "A JOURNEY OF A THOUSAND MILES BEGINS WITH ONE STEP"**