

Gym Possible Membership Application Form

First Name	
Surname	
Contact Number	
Email Address	

Do you have a spinal cord injury?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", what level? (e.g. T12 etc.)	
When did you sustain your spinal cord injury? (e.g. 5 years ago)	

Other than a spinal cord injury, do you have any conditions that would make you a good candidate for this gym? Please describe in as much detail as possible, including any associated dates of injury/condition.	
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Do you consider yourself a sports person (either now or pre-accident)? If "Yes", what is/was your sport?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Comments:	

What Gym Possible services do you hope to use? Click all that apply.
<input type="checkbox"/> Personal Training Sessions
<input type="checkbox"/> Unlimited Gym Membership
<input type="checkbox"/> Free Online Fitness Sessions
<input type="checkbox"/> Fitness Classes e.g. adapted spin class
<input type="checkbox"/> FES (Functional Electrical Stimulation) Bikes

What are your fitness goals?	
<input type="checkbox"/> Improve Fitness for Specific Sport/Activity	
<input type="checkbox"/> Weight Loss	
<input type="checkbox"/> Improved Fitness/Strength - to help with everyday tasks e.g. transferring into/out of chair	
<input type="checkbox"/> Other, please specify below	
Comments:	

Who would you be coming to the gym with?
<input type="checkbox"/> Alone
<input type="checkbox"/> Personal Assistant
<input type="checkbox"/> Carer
<input type="checkbox"/> Friend/Family Member
<input type="checkbox"/> Private (non-Gym Possible) Personal Trainer
<input type="checkbox"/> Private/NHS Physiotherapist

Do you have any cognitive/intellectual impairments? If “Yes”, please give details below	<input type="checkbox"/> YES <input type="checkbox"/> NO
Comments:	

Once completed, please save/download and email this form to contact@gympossible.org