NETHERLEY YOUTH & COMMUNITY INITIATIVE

GYM REGISTRATION FORM

PERSONAL DETAILS			
Clients surname:	Christian Name:	❑ Mr. ❑ Mrs.	❑ Miss ❑ Ms.

Address	Birth date: / /	Age:	Sex: ❑ M ❑ F

City	Postcode:	Telephone No:	Mobile No:

EMERGENCY CONTACTS:		
General Practitioner: Name:	Address:	Telephone No:
Next of Kin Details:		
Name:	Address:	Telephone No:

EXERCISE GOALS? (IF NONE, PLEASE STATE NONE)						
Toning	Weight Loss	Strength	General Fitness	Classes	Gym Competitions	Other

Do you consider yourself to be a disabled person Yes ❑ No ❑

❑ Visual Impairment ❑Mental Health Condition	❑ Hearing Impairment ❑Health Condition	❑ Physical Impairment ❑ Multiple Impairment	❑ Learning Disability ❑ Prefer not to say

FOROFFICAL USE ONLY

All persons who complete an induction must have had induction completed by qualified member of staff.

Administrator Name:

DATE:

HEALTH QUESTIONNAIRE

Please read the questions carefully and answer each one honestly, ticking the appropriate box or adding information as necessary. Your responses will of course be kept in the strictest confidence.

1. Has your doctor ever said that you have had a heart problem?

   ❑ No ❑ Yes ....

2. In the past month have you had any chest pain when
   you were doing any activity No ❑ Yes ❑ You were resting No ❑ Yes ❑

3. Are you currently taking medication for
   A heart condition No ❑ Yes ❑ ....
   Any other problems No ❑ Yes ❑ ....

4. Do you suffer from any bone or joint problems?
   No ❑ Yes ❑ ....

5. In the past year have you had any major illness or major surgery?
   No ❑ Yes ❑ ....

6. Have you ever been diagnosed with
   a). Diabetes No ❑ Yes ❑ b). Asthma No ❑ Yes ❑
   c). Epilepsy No ❑ Yes ❑ d). Other problems No ❑ Yes ❑

7. Are you pregnant? No ❑ Yes EDD ....

8. Have you recently had a baby? No ❑ Yes ❑ how long ago? ....

9. Do you ever
   Lose your balance because of dizziness or lose consciousness No ❑ Yes ❑

10. Are you feeling unwell at present due to cold etc No ❑ Yes ❑

- **If you have answered YES to questions 1, 2, 3a, 5, 6c or 7 or feel that you may have a condition that may impair your ability to exercise effectively, we will require you to produce a doctors note prior to starting any exercises.**
- I have read, understood and completed this questionnaire and consider myself fit to exercise
- Any questions that I have answered are to my full satisfaction.
- I understand that I am exercising under my own volition.
- **If your health changes so that you may then answer YES to any of the questions above, tell a member of staff as soon as possible.**
- I will advise the staff of any health problems experienced whilst training.
- I take part in any exercises entirely at my own risk and waive any legal recourse for damage to myself or property arising from my participation.

Signature: .... Date: ....