

Membership Form 2014

Personal Details

Post Code:	Name: _	Surname:		
Post Code:	Address	:		
Date of Birth:				
Contact Name:	Home N	umber: Mobile Number:		
Contact Name:	Occupat	ion: Date of Birth: Age	e:	
Telephone Number:	mail: _			
No. Question Yes No	n Cas	e of Emergency		
No. Question	Contact	Name: Telephone Number:		
Have you ever suffered from heart disease, high blood pressure or any cardiovascular problems? Is there a history of heart disease in your family? Do you ever have pains in your heart or chest especially associated with minimal effort? Do you often get backaches, feel faint or dizzy? Do you suffer from pain or limited movement in any joints which has been aggravated by exercise or might be worse with exercise? Are you taking medication at the moment or recuperating from recent illness or operation? Do you think you have any other medical conditions which you think may affect your ability? Do you smoke? Do you smoke? In signing this form I confirm that I have read, understood and completed this questionnaire. Any questions I have answered to my satisfaction. I understand that I am responsible for monitoring myself throughout the exercise programme and that If any unusual symptoms occur, I will cease participation, and inform my doctor of hose symptoms. confirm that the answers are true and accurate to the best of my knowledge. I undertake to notify my trainer since if any answers to the questions change. I am aware that physical activity can be hazardous and there is a novolved. I acknowledge that I participate at my own risk and take full responsibility for my actions. In pate: For Committee Use Only: Membership Fee Received: Hoodie Size:			T	T
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