

Membership Form 2014



Personal Details

Name: _____ Surname: _____

Address: _____

_____ Post Code: _____

Home Number: _____ Mobile Number: _____

Occupation: _____ Date of Birth: _____ Age: _____

Email: _____

In Case of Emergency

Contact Name: _____ Telephone Number: _____

Health Questionnaire

No.	Question	Yes	No
1	Have you ever suffered from heart disease, high blood pressure or any cardiovascular problems?		
2	Is there a history of heart disease in your family?		
3	Do you ever have pains in your heart or chest especially associated with minimal effort?		
4	Do you often get backaches, feel faint or dizzy?		
5	Do you suffer from pain or limited movement in any joints which has been aggravated by exercise or might be worse with exercise?		
6	Are you taking medication at the moment or recuperating from recent illness or operation?		
7	Do you think you have any other medical conditions which you think may affect your ability?		
8	Diabetes?		
9	Pregnant?		
10	Do you smoke?		

In signing this form I confirm that I have read, understood and completed this questionnaire. Any questions I had were 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 those symptoms.

I confirm that the answers are true and accurate to the best of my knowledge. I undertake to notify my trainer at once if any answers to the questions change. I am aware that physical activity can be hazardous and there is a risk involved. I acknowledge that I participate at my own risk and take full responsibility for my actions.

Signed _____ Date: _____

Print Name: _____

For Committee Use Only:

Membership Fee Received: _____ Hoodie Size: _____

Signed by Committee: _____ Name Printed: _____ Date: _____