

Gym membership application and informed consent



Name	Date of Birth	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Age	
Address		
	Postcode	
Tel. No	Home:	Mobile
Emergency Contact:		Emergency Contact Number:

This form is split into 3 sections. The content of this form is confidential to the Health and Fitness Centre staff. Details will not be disclosed without your permission.

Section 1: A physical activity questionnaire. (A questionnaire for people aged 15 – 69 years).

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active everyday. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions.

Please read the questions carefully and answer each one honestly by checking YES or NO.

	Yes	No
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had chest pain when you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?		
Do you know of any other reason why you should not do physical activity?		
Are you pregnant or have you been pregnant in last six months?		

If you answered yes to one or more questions

Have you spoken to your doctor and has he approved that you can start physical activity?

Yes	No

If not, talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

No to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- **Start becoming much more physically active. Begin slowly and build up gradually. This is the safest and easiest way to go.**
- Take part in a fitness appraisal. This is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active: If you are not feeling well because of a temporary illness such as cold or a fever - wait until you feel better; or if you are or may be pregnant - talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer **YES** to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

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Section 2: Waiver, release and assumption of risk.

Surbiton Racket and Fitness Club assumes no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire consult your doctor prior to physical activity.

In consideration of being allowed to participate in a fitness assessment and personal fitness programme provided by Surbiton Racket & Fitness Club ("SRFC"). So far as permitted by law, I do hereby waive, release and discharge SRFC and their agents, employees, representatives, from any and all claims or liabilities for injuries or damages to my person and/or property or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programmes or services of Trainer or the use of any equipment provided and/or recommended by SRFC.

I have been informed of, understand and am aware that any exercise programme, whether or not requiring the use of exercise equipment, is a potentially hazardous activity and that I am voluntarily participating in these activities and using equipment and machinery.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND COMPLETED THIS FORM TO THE BEST OF MY KNOWLEDGE AND WILL ALERT THE CENTRE STAFF SHOULD ANY CHANGES OCCUR IN THE INFORMATION PROVIDED.

Print Name _____ Signature _____ Date _____

Signature of Parent or GUARDIAN _____
(for participants under the age of eighteen)

Section 3: To be completed following an induction to the Fitness Centre.

Following your Induction at SRFC do you feel happy and confident with the following:

	YES	NO
Cardiovascular equipment	<input type="checkbox"/>	<input type="checkbox"/>
Resistance equipment	<input type="checkbox"/>	<input type="checkbox"/>
Gym opening and closing time	<input type="checkbox"/>	<input type="checkbox"/>
Location of changing rooms	<input type="checkbox"/>	<input type="checkbox"/>
Signing in and out of the gym	<input type="checkbox"/>	<input type="checkbox"/>
Location of fire exits in the gym	<input type="checkbox"/>	<input type="checkbox"/>
Location of fire meeting point, centre of tennis courts	<input type="checkbox"/>	<input type="checkbox"/>
Location of the water machine, cups and paper towel.	<input type="checkbox"/>	<input type="checkbox"/>
Location of programme cards	<input type="checkbox"/>	<input type="checkbox"/>
How to book a programme, or update your programme	<input type="checkbox"/>	<input type="checkbox"/>
Remember to bring a towel	<input type="checkbox"/>	<input type="checkbox"/>

Answered NO to any questions

If you have answered NO to any of the above questions please ask your Instructor for further advice before using the facility.

Would you be interested in more information about the following:

	YES	NO
Personal Training	<input type="checkbox"/>	<input type="checkbox"/>
Personal Exercise Programme	<input type="checkbox"/>	<input type="checkbox"/>
Junior Gym (Age 11 – 15)	<input type="checkbox"/>	<input type="checkbox"/>

By signing below you confirm that you are happy and confident in using the equipment at the SRFC.

Please consult with a Fitness Advisor if you wish to use any equipment that you are unfamiliar with.

Print Name _____ Signature _____ Date _____