###  NETHERLEY YOUTH & COMMUNITY INITIATIVE

# gym REGISTRATION FORM

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|  |
| 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 |

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| FOROFFICAL USE ONLY All persons who complete an induction must have had induction completed by qualified member of staff.Administrator Name: DATE:  |

**HEALTH QUESTIONNAIRE**

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

❑ No ❑ Yes ……………………………………………………………………………………………

1. In the past month have you had any chest pain when
you were doing any activity No ❑ Yes ❑ You were resting No ❑ Yes ❑
2. Are you currently taking medication for
A heart condition No ❑ Yes ❑ ………………………………………………………………….
Any other problems No ❑ Yes ❑ ………………………………………………………………….
3. Do you suffer from any bone or joint problems?
No ❑ Yes ❑ ………………………………………………………………………………………..
4. In the past year have you had any major illness or major surgery?
No ❑ Yes ❑ …………………………………………………………………………………………..
5. Have you ever been diagnosed with
a). Diabetes No ❑ Yes ❑ b). Asthma No ❑ Yes ❑
c). Epilepsy No ❑ Yes ❑ d). Other problems No ❑ Yes ❑
6. Are you pregnant? No ❑ Yes EDD ………………………………………………………………….
7. Have you recently had a baby? No ❑ Yes ❑ how long ago? …………………………..
8. Do you ever
Lose your balance because of dizziness or lose consciousness No ❑ Yes ❑
9. 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: ……………………………………

**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.**