



## Registration Form

Personal Details					
Name		Date of Birth		Occupation	
Home Tel No		Mobile		Email	
Address					
Emergency Contact Name		Telephone No		Relationship to you	

Pre Exercise Questionnaire	
Please delete 'YES' or 'NO' response to the following questions :	
If you are male aged over 35 years or female aged over 45 years have you been inactive for a period of 6 months or more?	yes / no
Have you given birth within the last 6 weeks?	yes / no
Are you currently pregnant?	yes / no
Do you have any infections or infectious diseases?	yes / no
Are you on any prescribed medication?	yes / no
Are you receiving any treatment from a doctor, physiotherapist or any other health professional?	yes / no
Have you been hospitalised recently?	yes / no
Do you have any of the following conditions? (Tick if you suffer):	
Palpitations/ Chest Pain	Blood Disorder
Heart Condition	Diabetes
Stroke	Liver/Kidney Conditions
Low or High Blood Pressure	Stomach complaints/Ulcer
Raised Cholestral/Triglycendies	Cancer
	Gout
	Dizziness and Fainting
	Epilepsy
	Hernia
	Asthma/Breathing Issues
If you have ticked any of the above, a medical certificate is required prior to commencing your exercise program in the interest of personal safety	
Do you have, or have you had?	
Tendon/ Ligament Damage	Back/ Neck Pain
Surgery due to Injury	Joint pain
Broken/ Fractured Bones	Muscular Pain
	Dislocation
	Arthritic Pain
If 'YES' to any of the above, or feel the course instructors should be aware of any other medical issues, please provide further information	

Declarations and Signatures					
Athletes Signature		Name		Date	
Parental Consent and Declaration (Required if Athlete is under 18 years of age at date of registration) I have read the information supplied on the previous page by my son/daughter and it is correct to the best of my knowledge. I understand the risk involved when taking part in any types of exercise. If my son/daughter becomes ill or is injured, necessary medical care can be administered by physicians, coaches, trainers or any other properly trained personnel. I agree to my child taking part in all physical activities involved in the summer fitness training and understand that the registration fee of £30.00 is not refundable under any circumstances.					
Parents Signature		Name		Date	

