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| Thanet Squash Rackets Club**Gym Health Questionnaire** | C:\Users\stephen\Documents\From old laptop\TSC\Advertising\Logo Images\TSRC FINAL LOGO 12 05 2015.jpeg |

What do you want to achieve?

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| **Improve HEALTH** |  | **SHAPE and TONE** |  | **STRENGTH and WEIGHT GAIN** |  | **Sports CONDITIONING** |  | **WEIGHT and Fat****REDUCTION** |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **YES** | **NO** |  | **YES** | **NO** |
| 1. Do you have a history of heart problems? |  |  | 8. Do you have epilepsy ? |  |  |
| 2. Do you have a history of lung problems? |  |  | 9. Have you had a recent operation, chronic illness or injury? |  |  |
| 3. Have you had chest pains or tightness in the chest ? |  |  | 10. Are you pregnant or post natal ? |  |  |
| 4. Do you suffer from exercise induced asthma or other respiratory problems ? |  |  | 11. Do you have high blood pressure ? |  |  |
| 5. Do you suffer from headaches, fainting or dizziness? |  |  | 12. Do you have a back problem that could worsen by a change in your physical activity ? |  |  |
| 6.Do you have pain/limited movement in any joint that would increase by a change in your physical activity ? |  |  | 13. Do you know of any reason why you should not do physical activity ? |  |  |
| 7. Do you have diabetes ? |  |  | 14. Are you currently taking any prescribed medication ? |  |  |

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| **CONDITION** **If you have answered yes to any questions 1-11, we strongly recommend that you obtain your doctor's consent prior to exercise, and undertake a personal programme prior to using the facilities. If you have answered yes to questions 12-14, you are advised to limit your activities to a moderate intensity and undertake a personal programme prior to using the facilities**. |
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| **DECLARATION/TRAINING AWARENESS DISCLAIMER****I am aware of and understand the potential risks associated with physical exercise and I am voluntarily partaking in these activities with a knowledge thereof**. |
| **I have had the opportunity to ask questions regarding activities, use of equipment, other related activities and to have the benefit of an induction programme.** |
| **Any questions I have asked have been answered to my satisfaction** |
| **I will let the club know immediately about any medical condition which may prevent me from or interfere with me exercising.** |
| **I will only use fitness equipment that I am competent on and acknowledge that I exercise entirely at my own risk and within the bounds of my capabilities.** |
| **I have read and agree to be bound by these conditions and the club rules and regulations.** |
| **I understand that Thanet Squash Rackets Club provides specific education and training knowledge for my goals as part of my membership and that it is strongly advised that I should partake in all sessions provided. Fitness guidance is available throughout the duration of my membership, at any time, upon request via the club steward. Should I wish not to take advantage of this guidance/training; I do so at my own choice and Thanet Squash Rackets Club accepts no liability for this.** |

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| **Name ...........................................** | **Signature ...................................** | **Date ........./......../...........** |

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| **I do / do not wish to participate in an orientation/induction (\*Delete as appropriate)** |

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| Committee sign off to “Yes Answers” |  |  |
| **Name .......................................** | **Signature ..................................** | **Date ........./......../...........** |
| **Comments if applicable .................................................................................................................................** |
| **..........................................................................................................................................................................** |