



## SJRC GYM MEMBERSHIP FORM

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Year: \_\_\_\_\_

PC Class: \_\_\_\_\_

Office use:

**Paid**  Yes  No

**Date**

### MEDICAL HISTORY:

---

Has your doctor ever said you have a heart or lung condition?  No  Yes  
*If yes, please describe:*

Is your blood pressure?  Low  Normal  High

Has your doctor ever said that you must limit your physical activity? If yes, why?  No  Yes

Do you feel pain in your chest when you exercise?  No  Yes

Do you have pain when you don't exercise?  No  Yes

Do you get dizzy?  No  Yes

Do you faint or lose consciousness?  No  Yes

Do you get asthma?  No  Yes  
*If so, have you attended asthma education / breathing training? Yes / No*

Do you get short of breath when you exercise?  No  Yes

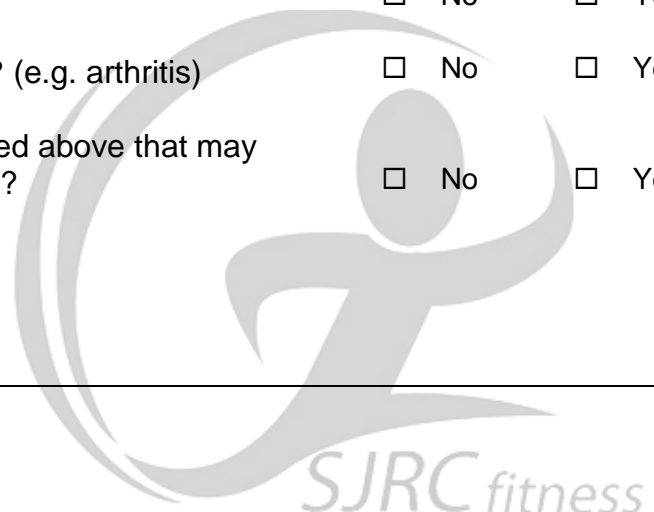
Do you have diabetes? If so?  Type 1  Type 2  No  Yes  
*If so, have you attended diabetes education? Yes / No*

Do you suffer from epilepsy?  No  Yes

Do you have any muscle, bone or joint problems? (e.g. arthritis)  No  Yes

Are there any other medical reasons not mentioned above that may prevent you from commencing a training program?  No  Yes

*Provide details below:*



**Please list all your medications (add page if needed)**

Name of Medication	Reason for Taking

In general, how would you rate your current health: 0=worst and 10=best. Answer = \_\_\_\_\_

Do you smoke?  No  Yes How many per day? \_\_\_\_\_ Would you like to quit?  Yes

What exercise have you been doing lately? \_\_\_\_\_

At what exercise intensity: 1) Hard  2) Medium  3) Light

How long can you do it for? \_\_\_\_\_ How often? \_\_\_\_\_

**Statement:** "I.....(name), recognise that staff of SJRC are not able to provide me with medical advice and I use the gym at my own risk. I agree to the following rules:

1. Use all equipment correctly, being mindful of my own and others safety.
2. Follow all directions from the supervising teacher.
3. Ensure gym is left clean and tidy at the end of the session eg all weights returned to racks etc
4. No food or drinks (except water bottles).
5. Towels should be used on all equipment.

*I understand that failure to observe the rules above may result in cancellation of my membership.*

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

