

Newcastle Estate Sports and Leisure Club

Gymnasium Membership Application/ Pre – Activity Questionnaire

Gymnasium:

Durham House £35.00

Name:

Date of Birth:

Room:

Work Ext:

**Home
Address:**

**Emergency
Name and
Number:**

Staff number

Doctors Name and Number:

Do you have, or have you had in the past any of the following ?

If Yes then please give details

Circulatory conditions

Yes	No
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Heart or respiratory conditions

Yes	No
-----	----

Digestive conditions

Yes	No
-----	----

Diabetes

Yes	No
-----	----

Epilepsy

Yes	No
-----	----

Joint or back pain

Yes	No
-----	----

Arthritis

Yes	No
-----	----

Muscle pain or cramps

Yes	No
-----	----

Any recent injuries

Yes	No
-----	----

Do you smoke

Yes	No
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Are you pregnant

Yes	No
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Are you on prescribed medicine

Yes	No
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Have you recently been in hospital

Yes	No
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Is there any other condition you feel

Yes	No
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is relevant to you exercising safely

Do you need to consult with your

Yes	No
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Doctor

Details

Disclaimer

I have stated my medical condition and answered all questions to my satisfaction.

I accept full responsibility for myself and any injury I may incur whilst using the Gymnasium.

Name:

Signature:

Date:

Cheques to be made payable to Steve Harris Fitness Consultancy (NESLC)

Please return form and cheque to: The Sports Hall Amble Inn.

Fee Paid: