Newcastle Estate Sports and Leisure Club

Gymnasium Membership Application/
Pre – Activity Questionnaire

Gymnasium: Tyne View Park £30.00

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

			Details
Circulatory conditions	**Yes**	**No**	
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**	
Are you pregnant	**Yes**	**No**	
Are you on prescribed medicine	**Yes**	**No**	
Have you recently been in hospital	**Yes**	**No**	
Is there any other condition you feel is relevant to you exercising safely	**Yes**	**No**	
Do you need to consult with your Doctor	**Yes**	**No**	

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: