



GUILDFORD WATERSIDE CENTRE APPLICATION FORM FOR USE OF GYM FACILITIES

Applicant Information

Name:		
Date of Birth:		Phone:
Current Address:		
Town:	County:	
Post code	Mobile:	

Other information

Membership details: Which GWC club are you currently a Full Paid Up member of?

Emergency Contact

Name:		
Address:		
Post code	Mobile:	Phone:
Relationship:		

Physical activity readiness questionnaire (PAR-Q)

Has your doctor ever diagnosed a heart condition or recommended only medically supervised exercise?
Yes / No

Are you pregnant? Yes/No

Are you taking any medication Yes/No

Have you had any injuries in the past? Yes/No If Yes give details.

Do you suffer from any of the following conditions? (Please tick or leave blank)

Heart palpitations	Diabetes (insulin dependant)	Spinal fractures
Tight chest	Lung/chest problems	Other fractures
High blood pressure	Epilepsy	Cancer
Dizzy spells	Skin condition	Bladder problems
Joint problems	Osteoporosis	Migraines

Are there any other conditions you think we should know about?

Induction details

Instructor	Date:
Notes	

If you feel unwell because of temporary illness such as cold or fever – wait until you are better before resuming training. If your health changes dramatically and permanently from what you have written above then please notify your instructor immediately.

I have read and fully understood the questionnaire and the conditions of use for the facility. I confirm that, to the best of my knowledge, the answers are correct and accurate. I know of no reason why I should not participate in Physical activity. I understand that I will be using the facilities at my own risk and waive any legal recourse for damages to myself or property arising from my participation.

Signature of Applicant:	Date:
Signature of Parent or Guardian if under 18	Date:
Signature of Instructor:	Date: