

Welcome to Marina Health & Leisure

We require the following information from you in order to comply with our Health & Safety and Insurance obligations.

What are your current health and fitness goals?

- | | | | |
|---|----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Weight loss/gain | <input type="checkbox"/> Fitness | <input type="checkbox"/> Toning | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Train for an event | <input type="checkbox"/> Social | <input type="checkbox"/> Racquets | <input type="checkbox"/> Other |

Which activities do you enjoy most?

- | | | | |
|--|---|------------------------------------|---------------------------------|
| <input type="checkbox"/> Gym | <input type="checkbox"/> Aqua Fitness Classes | <input type="checkbox"/> Pool | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Day Spa / Relax | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Boot Camp | <input type="checkbox"/> Other |

Pre-Activity Readiness Questionnaire

Have you ever been, or are you currently affected by any of the following conditions?

| Category 1 | YES | NO | Category 2 | YES | NO |
|--|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|
| Hypertension | <input type="checkbox"/> | <input type="checkbox"/> | Pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Trouble | <input type="checkbox"/> | <input type="checkbox"/> | Prescription Medication | <input type="checkbox"/> | <input type="checkbox"/> |
| Stroke | <input type="checkbox"/> | <input type="checkbox"/> | High Cholesterol | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood disorders | <input type="checkbox"/> | <input type="checkbox"/> | Any Surgery | <input type="checkbox"/> | <input type="checkbox"/> |
| Glandular Fever | <input type="checkbox"/> | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy or seizures | <input type="checkbox"/> | <input type="checkbox"/> | Hernia | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Exercise Allergies | <input type="checkbox"/> | <input type="checkbox"/> |
| Category 3 | | | Joint Injury | <input type="checkbox"/> | <input type="checkbox"/> |
| Neck or back pain | <input type="checkbox"/> | <input type="checkbox"/> | Musculoskeletal Injury | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES has been answered to any of the above questions, please provide details and dates | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| Are you aware of any other conditions not mentioned that may affect your training? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES please provide details _____ | | | | | |
| _____ | | | | | |

If you answered YES to any of the above conditions, we may require a consent form from your doctor for clearance before beginning an exercise program. If your doctor has already cleared you for exercise please sign below

Sign _____ Date _____

Declaration

I have answered all of the previous questions honestly and accurately, and I acknowledge that Marina Court Investments Limited is not liable for any claims or causes of action whatsoever arising out of, or connected with, services provided now or in the future. I hereby discharge Marina Court Investments Limited or any of its staff from any such claims or action. In signing this document, I also agree to comply with Marina Court Investments Limited's terms and conditions and agree to abide by all club rules and regulations.

Sign _____ Date _____

Please tick if you do not wish to receive further information from Marina Court Investments Limited, or be contacted regarding future promotions and events