



SHEFFIELD TELECOM FITNESS CLUB

REGISTRATION FORM

Your Details

Name : _____
Telephone Number : _____
Email Address : _____

Emergency Contact

Name : _____
Phone Number : _____
Relation : _____

Previous gym/fitness suite experience

None Some Time Ago Recently Current

Medical Background (please tick accordingly)

1. Have you recently had a medical through work or with your GP? If not, we recommend that you have one before you begin with any form of exercise.

Yes No

2. Do you regularly take part in sport or any form of physical exercise?

Yes No

3. Do you, or have you suffered from any of the following?

| | | |
|---------------------------------|-----|----|
| Diabetes | Yes | No |
| Heart Condition | Yes | No |
| Epilepsy | Yes | No |
| High/low blood pressure | Yes | No |
| Asthma | Yes | No |
| Stroke | Yes | No |
| Arthritis | Yes | No |
| Joint/bone problems | Yes | No |
| Major operation in last 2 years | Yes | No |

4. Is there any possibility that you may be pregnant, or have recently been pregnant?

Yes No

5. Are there any other conditions we should be made aware of which may be reason to modify your induction/exercise programme?

6. If you answered YES to any conditions, please give further details:

Important Notice

- If you answered YES to any of the conditions, we strongly recommend a consultation with your GP before commencing a programme of exercise.
- We advise all new members to undertake a fitness induction. This will give guidance on the safe and correct use of equipment.
- Please seek guidance if you become unsure because the equipment differs from that of your current/previous fitness club. Do not use the equipment until you have been given guidance.

Disclaimer

- Fitness programmes, if provided, are offered as guidelines. If you wish to undertake these programmes, you do so at your own risk.
- Sheffield Telecom Sports and Social Club accept no responsibility for any injuries sustained or progression of an illness whilst using the equipment provided for its members.

Members Signature

Printed Name

Date

For Official Use Only

Disclaimer

Induction

Instructor Signature

Printed Name

Date
