



We build strong **PEOPLE**
strong **FAMILIES** strong **COMMUNITIES**

Pre-Activity Form

Your health is of great concern to us.
Please take a moment to answer the following questions.

Surname _____ First name _____ M F
 Address _____
 Suburb _____ P/C _____ Ph _____
 Email _____ DOB _____
 Emergency contact name _____ Ph _____
 How did you hear about us? _____

Are you or have you been a member of a Health/ Fitness Club before? Yes No

Are you interested in receiving membership information? Yes No

Medical Quick Check

Do you or have you ever experienced pains in your heart or chest? Yes No

Do you often feel faint or have spells of severe dizziness? Yes No

Has your doctor ever said that your blood pressure is too high or low? Yes No

Has your doctor told you that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or might be made worse with exercise? Yes No

Have you had surgery in the past 12 months? Yes No

If you have ticked yes to any of the above you will need to see a fitness trainer prior to exercising.

I, and if being a minor my parent/s, for and on behalf of myself, acknowledge that during all such times as I am on the premises of or included in any activity external to the premises which is organised, approved or endorsed by YMCA as an activity for me to take part in, both my property and person shall be at my own risk and I will not hold YMCA liable for any personal injury or loss of property which may arise from the negligence of YMCA, its servants, agents, independent contractors, voluntary workers, other users of the facility or participants in the activities or spectators or other parties providing services through or in the facilities of YMCA. I also warrant that I am physically fit and able to engage in exercise and fitness programs at the Centre.

Yes No

Name _____ Signed _____ Date ___ / ___ / ___

Staff _____ Signed _____ Date ___ / ___ / ___

