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| **All members are required to complete this questionnaire and hand in to the Priory Leisure Team.** *Please fill out in CAPITAL letters* |
| **Date:** |  | *PL Staff use only* |
| **Name:** |  |
| **Staff/Form:** |  |

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| **Health Declaration** |
| **Has your doctor ever informed you that you have any of the following?** ***(Delete as appropriate)*** | *PL Staff use only* |
| Heart Condition | NO/YES |
| Diabetes | NO/YES |
| High or Low Blood Pressure | NO/YES |
| Chest pains brought on by physical exercise | NO/YES |
| Epilepsy | NO/YES |
| Dizziness or fainting | NO/YES |
| Bone, joint or muscular problems | NO/YES |
| Asthma or other respiratory problems | NO/YES |
| Any allergies | NO/YES |
| If you have answered **YES** to any of the above **OR** have any other medical condition not mentioned, please provide details: |

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| **Please read the following statements and tick as appropriate.** | *PL Staff use only* |
| I am a new member- I require an Induction.(All YR7 and anyone new to the membership must complete an induction before commencement of using equipment) |  |  |
| I have moved into YR9 (or above) since I last visited the gym so I need an updated induction. |  |  |
| (YR10 + only) I have been a member before and do not require an induction and can use the equipment safely and responsibly.  |  |  |

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| **Declaration**In signing this form, I the member, have read the terms and conditions and affirm that I have answered the questions accurately and to the best of my knowledge and will inform the Priory Leisure Team of any changes. |
| **Member signature**: |  | **Date:** |
| *Students under 18 require the health questions to be countersigned by a parent or guardian.* I, the parent/guardian of the aforementioned member have read the terms and conditions and agree with the answers given on this form. I will inform the Priory Leisure Staff if there are any future changes. |
| **Parent/Guardian signature:** |  | **Print Name:****Date:** |

***. Updated July 24***