



Teen Gym Registration Form And Health Questionnaire

Please read the questions carefully, and answer each one honestly. Tick the appropriate box or add information if necessary. Your responses will be kept in the strictest of confidence.

Do you consider yourself as disabled / impaired? No Yes
If yes please tick from the following

Visual Hearing Physical Learning Health / Other

Has your doctor ever said that you have a heart condition or that you should only do physical activity recommended by a doctor? No Yes

In the past month have you had chest pain... during activity at rest

Are you currently taking medication for....

A heart condition Blood pressure Any other problems

Do you suffer from any bone or joint problems that could be made worse due to a change in your physical activity? No Yes

In the past year have you had any major illness / injury? No Yes

Have you ever been diagnosed with
Diabetes Epilepsy Asthma Other medical condition

Do you ever lose your balance because of dizziness or lose consciousness? No Yes

Do you know of any reason why you should not do physical activity? No Yes

If you have answered YES to one or more of these questions, we may need to contact your doctor before you can start to exercise. If you experience changes to your current health status, please inform a member of the team as soon as possible.

I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE TO THE BEST OF MY KNOWLEDGE. ANY QUESTIONS I HAD ABOUT MY HEALTH WERE ANSWERED TO MY FULL SATISFACTION

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Name of participant (BLOCK CAPITALS) _____

Signature _____ Date of completion _____

Home
Address _____

Postcode _____

Signature of Parent / Guardian (Delete as appropriate) _____

Emergency contact number _____

I hereby give consent for the participant named above to take part in Teen gym sessions at Handsworth Grange Sports Centre Fitness Suite. I understand that the activities are designed to place a gradually increasing workload on the musculoskeletal, metabolic, and/or cardio respiratory system which will result in improvement of their function. Furthermore I acknowledge that should the fitness professional taking the session deem any action from the above to be disruptive or dangerous to the group or themselves, then the participant may be asked to leave the session