

### Lifestyle & Health Questionnaire

1. Pay As You Go Junior Gym Sessions  or Unlimited Junior Gym Sessions

2. Full Name: .....

3. Date of Birth: ...../...../.....

4. Contact Telephone Number: .....  
(To arrange your Induction Session).

**Office Use Only**

Club Membership No:

*AUTHORISED TO ARRANGE INDUCTION*

Administrator Signature:

Date:

(N.B. If the answer to any of questions 5 to 10 is "Yes", please provide details overleaf).

5. Are you currently attending or are you due to attend a doctor or hospital for any medical condition? YES  NO

6. Have you ever had any injury, illness, back or joint condition that could be aggravated by exercise? YES  NO

7. Are you or have you recently been pregnant? YES  NO

8. Are you taking any prescribed medication? YES  NO

9. Have you ever suffered from any of the following?

- |                  |  |                         |  |
|------------------|--|-------------------------|--|
| a) Chest Trouble | YES <input type="checkbox"/> NO <input type="checkbox"/> | b) Heart Condition      | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| c) Asthma        | YES <input type="checkbox"/> NO <input type="checkbox"/> | d) Epilepsy             | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| e) Arthritis     | YES <input type="checkbox"/> NO <input type="checkbox"/> | f) Circulation Problems | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| g) Diabetes      | YES <input type="checkbox"/> NO <input type="checkbox"/> |                         |  |

10. Do you have any other medical condition that might require your exercise programme to be modified? YES  NO

✓ I declare that if my medical circumstances change or if I incur an injury I will inform The Holbrook Club and I understand that I may be subject to another induction.

✓ I declare that to the best of my knowledge and belief the statements made on this questionnaire are true and that I have not knowingly withheld any material facts.

✓ I declare that to the best of my knowledge and belief I have not had, and am not aware of, any physical or medical condition which would prevent me from using or exercising with fitness equipment.

✓ I understand that I must be aged 16 or over before I can apply for peak or off peak membership of the Club Plus Gym – this does not apply to Junior Gym Sessions.

✓ I understand that I am only able to use the cardio vascular equipment until the age of 16 when I will need to become a peak or off peak member and pay £7.50 for a further induction.

Junior Member Signature: ..... Dated: .....

Parent Member Signature: ..... Dated: .....

P.T.O.

<b>Question 5</b>	<b>Further Details</b>	<b>Date of Appointment</b>
<b>Question 6</b>	<b>Further Details</b>	<b>Date of injury or illness</b>
<b>Question 7</b>	<b>Further Details</b>	<b>Date of pregnancy</b>
<b>Question 8</b>	<b>Further Details</b>	
<b>Question 9</b>	<b>Further Details</b>	<b>Date or duration of illness or condition</b>
<b>Question 10</b>	<b>Further Details</b>	