

Priory Leisure Membership Health Declaration Form

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:		

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:		

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.		

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:	