

Leisure Membership Sign-Up Form

YOUR DETAILS

NAME		D.O.B.
ADDRESS		
EMAIL ADDRESS		CAR REG
TEL (MOBILE)	TEL (HOME)	

EMERGENCY CONTACT DETAILS

NAME	RELATION TO YOU
TEL NUMBER	

DOCTOR'S DETAILS

DOCTOR'S NAME	TEL NUMBER
SURGERY ADDRESS	

SELECT MEMBERSHIP

<input type="radio"/> Pay as You Go	<input type="radio"/> Swim Only	<input type="radio"/> Gym Only	<input type="radio"/> Premium
<input type="radio"/> Owners	<input type="radio"/> Swim Only Couple	<input type="radio"/> Gym Only Couple	<input type="radio"/> Premium Couple

POOL RULES

1. No outdoor shoes in the Pool Area
2. No running
3. No jumping or diving
4. No Inflatables

Please be advised that there is no lifeguard on duty and the pool is monitored by CCTV only.
Children under 16 must be accompanied by an adult at all times.

CUSTOMER SIGNATURE	DATE
CUSTOMER PRINT	

Physical Activity Readiness Questionnaire (PAR Q)

Client Name: _____ DoB: _____

Address: _____

Email: _____ Phone: _____

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patterns. If you are over 69 years of age and are not used to being very active, check with your doctor. Please read each question carefully and answer honestly by indicating **YES** or **NO**.

What are your main reasons for starting a fitness programme?	YES	NO
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had a chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing medication for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any other reason why you should not take part in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please comment:		

If you answered YES to one or more questions:

You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

If you answered NO to one or more questions:

It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level.

A fitness appraisal can help determine your ability levels.

Woodland Caravan Site (Trimingham) Limited trading as Woodland Holiday Park and its staff assume no liability from persons who undertake physical activity at the park. If you are in any doubt after completing this questionnaire then you should consult your doctor prior to undertaking any form of physical activity.

I have read, completed and fully understand this questionnaire. Any questions or queries I had were answered to my full satisfaction.

Signature: _____ Print name: _____ Date: _____

Having answered YES to one of the questions above, I have sought medical advice and my GP has agreed that I may exercise and I have received adequate operational training from the Woodland Holiday Park team to be able to safely use of all the gym equipment.

Signature: _____ Date: _____

Note: This PAR Q becomes invalid if your condition changes so that you would answer YES to any of the 7 questions.