

Application Form for Teen Gym

Name: _____ D.O.B. _____

Address: _____

Tel: _____ Emergency No: _____

Location:

Monkstown Meadowbrook Loughlinstown

Have you suffered from the following?

- Heart Problems Yes No
- Blood Pressure Yes No
- Diabetes Yes No
- Epilepsy Yes No
- Asthma Yes No
- Chronic Illness Yes No

Are you or have you been pregnant in the last 12 months? Yes No

Have you had surgery in the last 12 months? Yes No

Do you have a history of ligament / tendon /cartilage/
muscle or joint injury? Yes No

Are you on any medication? Yes No

Have you been advised by a doctor not to take part in
physical activities? Yes No

I understand that there are risks and dangers inherent in physical exercise and I agree to release, discharge and absolve the agents, employees and instructors from any liability arising from any accident, injury or loss sustained by me as a result of activities at present offered in this centre.

I have understood and answered all questions fully and to the best of my knowledge.

Signature: _____

Guardian's Signature: _____