

F75 Fast Track Induction Form

Issue 1

Pre-Induction Questionnaire

(Please complete form using BLOCK CAPITALS)

FORENAME:		TITLE:	
SURNAME:		SEX:	M F
CARD NUMBER: (six digits on reverse of card)		DOB:	
ADDRESS:			
POSTCODE:		TELEPHONE:	
EMAIL:			

Please indicate below whether you have ever suffered from any of the following symptoms by ticking 'YES' or 'NO' as appropriate:

	YES	NO
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
Pain, pressure, heaviness or tightness in the chest area?		
Unusual shortness of breath with very light exertion?		
Unexplained pain in the abdomen, shoulder or arm?		
Severe dizzy spells or episodes of fainting?		
'Skips', palpitations or runs of fast beats in your chest?		
Muscle and/or joint injuries?		
Do you know of any other reason why you should not take part in physical activity?		

If you have answered yes to any question, or if you have any other conditions that should be made known, please give details below including dates. In such circumstances we recommend you get advice from your doctor prior to starting an exercise programme:

Have you used a gym before: Yes No

How regularly do you use the gym? ___ x per week (if applicable)

How long have you been a gym user for? ___ years (if applicable)

Office use only

FITNESS ADVISOR: _____ INDUCTION TIME: _____

SUBSCRIPTION ADDED: _____ DATABASE ID NO.: _____

LINKED MEMBER: _____ DATE: _____

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Post-Induction Evaluation form

Your induction should include the following:

- Discussion of relevant memberships, opening times including off peak/peak times and the restrictions that surround these.
- Information about our exercise classes, programmes, Physio services, Personal Training and nutrition programmes
- Thorough discussion regarding the site specific gym rules.
- An introduction into the MyRide Indoor Cycle Studio
- Thorough brief on our emergency procedures; where our fire exits and extinguishers are located, how to call for emergency help and what to do in case of a minor first aid incident.

Your commitment to us:

- You agree to exercise within your capabilities and agree to seek medical advice if you have a medical condition or disability that may interfere with exercising safely.
- You agree you have been made aware of the rules and agree to adhere to them.
- You agree to make yourself aware of all warning notices, and safely exercise within your capabilities.
- You agree to let staff know at any time if you are feeling unwell or unable to exercise.
- You agree to follow any reasonable instructions to allow you and others to exercise more safely or efficiently; including technique, sharing equipment and not using mobile phones.

You agree that you:
Would know what action to take in an emergency
Need no further instruction on any of our equipment, and if not, are happy to ask.
Know how to get further advice if you require it?
Are aware of our site specific rules and agree to adhere to them
Are aware of how to use our disinfectant wipes correctly

<i>OFFICE USE ONLY</i> FOLLOW UP ACTION ON ABOVE POINTS: _____ _____ _____

How did you hear about us? _____

Please tick the box below if you **DO NOT** wish to receive relevant information on SportsPark news and services:

<i>By signing below you are agreeing your induction covered the points above. You also agree to uphold your commitment, abide by the terms, conditions and rules of the Fitness Centre.</i>		
Sign _____	Date _____	Time _____