

PRE-EXERCISE SCREEN

CASUAL VISITOR NEW MEMBER PASS TYPE: MULTI GYM PASS MULTI SWIM / SSS PASS
 FITNESS PASSPORT Pass No:

Surname: _____ First Names: _____ M / F _____
Address: _____ Suburb: _____ Postcode: _____
Phone: (h) _____ (w) _____ (m) _____
D.O.B: _____ Email: _____
Emergency Contact: _____ Phone: _____
I agree to be contacted by SMS and/or email? Yes No

Please Circle

| | | |
|---|-----|----|
| 1. Has your doctor told you that you have a heart condition or have you suffered from a stroke? | YES | NO |
| 2. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? | YES | NO |
| 3. Do you ever feel faint or have dizziness during physical activity/exercise that cause you to lose balance? | YES | NO |
| 4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12mth? | YES | NO |
| 5. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months? | YES | NO |
| 6. Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise? | YES | NO |
| 7. Do you have any other medical conditions that may make it dangerous for you to participate in physical activity/exercise? | YES | NO |

IF YOU ANSWERED 'YES' to any of these 7 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise OR if your GP or Allied Health Professional has already given you clearance to undertake exercise please

Sign here: _____ Date: _____

IF YOU ANSWER 'NO' to all of the 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise. Before undertaking vigorous - high intensity exercise we recommend that you consult your GP and exercise professional.

In consideration of the grant of entry to you, entitling you to engage in fitness activities, you hereby:

- Agree, to the extent permitted by law, to not hold Sutherland Shire Council, Sutherland Shire Leisure Centres, its staff or agents liable for any action, suits, proceedings, claims, demands, losses, damages, penalties, fines, costs or expenses however arising from or in connection with your involvement in fitness activities in Sutherland Shire Leisure Centres or using our facilities, services or products;
- Agree that you will indemnify Sutherland Shire Council, Sutherland Shire Leisure Centres, its staff or agents to the extent permitted by law in respect of all actions, suits, proceedings, claims, demands, losses, damages, penalties, fines, costs or experiences however arising as a result of activities in the Sutherland Shire Leisure Centres or from using our facilities, services or products.

I acknowledge and accept the conditions and guidelines and agree to abide by the rules of the Sutherland Shire Leisure Centres.

Sign here: _____ Date: _____