

PRE-ACTIVITY QUESTIONNAIRE

Name: _____

Address: _____ Postcode: _____

Date: _____ Telephone: _____

Date of Birth: _____ Email: _____

Male / Female (please circle)

PLEASE TICK ALL THE RELEVANT BOXES

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has your doctor ever advised you that you have a heart condition and should only do physical activity recommended by a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have Diabetes Mellitus? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you feel pain in your chest when you do physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you lose balance because of dizziness or do you ever lose consciousness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a bone or joint problem that could be made worse by physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you suffer from shortness of breath during physical activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you currently taking any prescribed medication or undergoing any treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have high or raised cholesterol levels? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you currently smoke cigarettes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you currently exercise on a regular basis (at least 3 times per week)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you know of any other reason why you should not do physical activities? | <input type="checkbox"/> | <input type="checkbox"/> |

ASSUMPTION OF RISK

I hereby state that I have read, understood and answered honestly the questions on this this page. I also state that I wish to participate in activities that may include gymnasium exercise (aerobic and resistance) I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an accepted level of exercise at my own risk.

In the event of any change in my health status, I hereby agree to inform Comberton Sports & Arts at the earliest opportunity.

Please tick this box if you do not require an induction and you are able to demonstrate a basic level of competency to use the gym equipment

Name: _____	Signature: _____
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Please tick if you wish to receive newsletters or other promotional material:

If at any time, you wish to opt out of this promotional material, please call or email the CSA reception.

Data Protection Act 2018

Under the Data Protection Act 2018, by your signing of this form, CSA takes this as your consent to CSA using your personal information in accordance with the Act for the following purposes: internal Promotions, Marketing and Mail shots, unless you have choose not to opt in.

Data Retention

CSA will retain ex-member's data for a maxium of 6 years.