

Gym Membership

Please note, if any of your details on this form change, please notify DSX Fitness



Personal Information

First name	Surname
Gender	Date of Birth
Address	
Postcode	Mobile Telephone No.
Email	

Do you require an induction?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date of induction
Instructor signature		

Emergency Contact Details

Emergency contact no.
Emergency contact name

Disability Information (optional)

The Disability Discrimination Act 1995 defines a disabled person as anyone with a 'physical or mental impairment that has a substantial and long-term adverse effect upon his/her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, what is the nature of your disability?
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Health

If you answer YES to any of the health questions below, you should receive medical clearance before beginning any fitness programme or leisure activity by your GP or specialist.

Have you ever had any heart problems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever had any chest pains?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you recently experienced blackouts or fainting?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have high blood pressure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have bone, joint or back problems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently on medication for a diagnosed medical condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had any surgery / operations in the last three months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have any other illness, or injury which may be aggravated by regular exercise?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you pregnant, or have had a baby in the last six months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you have answered YES to any of the above questions, please give details and provide your Doctors details including telephone number of the surgery.

Disclaimer

It is the policy of DSX Fitness not to release your personal data to third parties unless you have given your consent. It is normal practice to use photographs and video footage of members to promote best practice on the DSX Fitness website and promotional material. DSX Fitness also uses external agencies to assist with its marketing process. DSX Fitness is not responsible for any damage or loss caused by participation in a physical fitness programme or leisure activity. I have read and understand the DSX Fitness code of conduct and terms of use.

Signature
Date