

Fitness and Health



PLEASE COMPLETE DETAILS IN BLOCK CAPITALS

1. Personal Information

First Name		Last Name	
Mr/Miss/Mrs		Date of Birth	
Email address		Phone	
Emergency contact name			
Emergency contact number			
Which venue/s will use to train with us?			
Where did you hear about Touchline Fitness?			

2. Health and Medical Information

Please answer honestly. This information is used only for your safety and if required to tailor your fitness programme.		Yes	No
1.	Has your doctor ever confirmed you suffer from heart trouble?		
2.	Have you ever had pains in your chest?		
3.	Do you often feel faint or have spells of dizziness?		
4.	Has your doctor ever confirmed you suffer from high blood pressure?		
5.	Has your doctor said that you might have bone or joint problems, such as arthritis, that has been aggravated by exercise or might be aggravated by exercise?		
6.	Have you been in hospital in the last 3 years, for anything that may affect you doing exercise?		
7.	Do you suffer from an allergy?		
8.	Are you pre or post natal?		
9.	Do you suffer from asthma, or breathing difficulties?		
10.	Do you suffer from diabetes or epilepsy?		
11.	Are you currently taking any medicine? If 'Yes' please specify, below.		
12.	Is there a physical reason not mentioned here why you should not follow an activity programme?		
13.	What fitness goals would you like to achieve from your training with Touchline Fitness?		

If you have answered 'Yes' to one or more questions, you should consult your doctor if you have not recently done so, before increasing your physical activity and inform your doctor which questions you answered yes to.

N.B. If in any doubt, please seek medical advice as to your suitability for challenging physical exercise that progresses gradually.

3. Lifestyle and Fitness Information

Current activity level: Sedentary Lightly active Moderately active Very active

Primary fitness goals (tick all that apply): Body conditioning Strength Cardiovascular fitness Mobility / flexibility
 Rehabilitation / injury prevention Mental wellbeing Other: _____

How many days per week are you looking to train? 1 2 3 or more

4. GDPR Privacy Notice

Data Controller: Kevin Lomas trading as Touchline Fitness, 33 Milford Lodge, Milford, GU8 5JF.

Purpose of data collection: Your personal and health data is collected to:

- Assess your suitability for exercise
- Design and deliver safe and effective fitness programmes
- Communicate with you regarding your training and services



Legal basis for processing:

- Performance of a contract (outdoor fitness services)
- Explicit consent (health data, photos, marketing communication)

Data retention:

Your data will be stored securely and retained for 5 years after last session, unless you request earlier deletion where legally permissible.

Your rights under GDPR:

- Access your data
- Request correction or deletion
- Withdraw consent at any time

5. Consent Declarations

Health Data Consent (Required) Please tick each box to indicate your consent.

- I confirm that the information I have provided is accurate and complete.
 I give my explicit consent for Touchline Fitness to process my health and medical data for fitness and training purposes.

Email Communication Consent

- I consent to receive service-related emails (appointments, programme updates).
 I consent to receive marketing emails (newsletters, offers, tips).

(Optional – you may withdraw at any time)

Photo and Video Consent

I consent to photos and/or videos being used for marketing purposes, including social media, website, and promotional materials.

(Optional – you may withdraw this consent at any time. Refusal will not affect your service.)

Informed Liability Waiver

By participating in the classes, activities and fitness programmes of Touchline Fitness and using the facilities and equipment owned and/or under the control of Touchline Fitness I do hereby waive, release and forever discharge Touchline Fitness from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment or facilities in the above mentioned activities.

I understand and I am aware that strength, flexibility and aerobic exercise, including the use of equipment, in the outdoors, are potentially hazardous activities. I also understand that exercise and fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and facilities with the knowledge of the dangers involved. I hereby agree to expressly assume and accept all and any risks of injury or death.

I am physically sound and suffering from no condition, impairment, disease or infirmity or other illness (other than those declared above) that would prevent my participation or use of equipment or facilities. I acknowledge that I have either had a physical examination and have been given my doctors permission to participate, or that I have decided to participate in activity and use of equipment without the approval of my doctor and do hereby assume all responsibility for my participation. In addition Touchline Fitness cannot accept responsibility for valuables left in instructor's vehicles.

6. Declaration and Signature

I acknowledge that I am voluntarily participating in physical activity and understand the potential risks involved. I confirm that I have read and understood the privacy information above.

Client Signature: _____

Date: _____