



# EAST CLARE FITNESS

## Customer Profile Form

**\*\*(Please Print Clearly)\*\***

**First Name:**

**Last Name:**

**Address:**

**Tel: (Mobile)**           **(Home)**

**Email Add:**

Please tick this box if you don't want to receive information on the latest special offers, discounts, promotions and cutting edge fitness tips that only come through email.

**D.O.B.**   /   /   **Occupation:**

**EMERGENCY CONTACT NAME:**

**TEL NO:**

**I am interested in:** (Please tick appropriate box)

**Personal Training**  **Gym**  **Exercise Classes**  **Outdoor Bootcamp**

• Has your Doctor ever advised you **NOT** to do a particular Exercise?  
Yes  No  If **yes**, please give details \_\_\_\_\_

• Is there a history of Heart Disease in your family? Yes  No

• Do you have a Heart Condition? Yes  No

• Do you suffer from any of the following?

**Diabetes:** Yes  No  **Breathlessness or Asthma:** Yes  No

**Epilepsy :** Yes  No  **High Blood Pressure:** Yes  No

**Low Blood Pressure:** Yes  No  **Arthritis:** Yes  No

**Other:** \_\_\_\_\_

• Are you taking any medication? Yes  No  Details: \_\_\_\_\_

• Are you or have you been pregnant in the last 6 months?  
Yes  No  How long ago? \_\_\_\_\_

• Do you have any other injury, illness, back or joint condition which may be aggravated by exercise?  
Yes  No

If **yes**, Please State: \_\_\_\_\_

• Is there any reason medical or otherwise, not already mentioned above, why you should not participate in any exercise program? **Yes**  **No**

If **Yes** Please State: \_\_\_\_\_

## CONSENT AND DISCLAIMER FORM

THIS DOCUMENT IS A RELEASE OF CLAIMS. BY SIGNING IT YOU AGREE THAT YOU ARE AWARE OF, AND ACKNOWLEDGE THE FOLLOWING:

IT IS **YOUR** RESPONSIBILITY TO INFORM AN APPROPRIATE PERSON IN O'CALLAGHANS MILLS/SCARIFF GAA CLUB OF ANY CHANGES TO YOUR HEALTH STATUS

- You willingly participate in the Gym/Activity/Class at your own risk even during the Covid19 Pandemic and are free to withdraw from the program at any time.
- You have no physical restrictions, disabilities or any predisposition to sickness, medical conditions or injury that may be aggravated or adversely affected as a result of your participation.
- You take full responsibility for any injury, loss or damage to your person/property that may arise directly or indirectly from your participation in the Gym/Activity/Class.
- You will inform instructors/trainers immediately of any changes to your health status no matter how trivial it may seem.
- Minimum age is 16 years old to join EAST CLARE FITNESS. By signing the form below I am stating I am minimum 16 years old. (Note 16 year olds must be part of a family membership plan)

I HAVE READ AND FULLY ACKNOWLEDGE THE TERMS AND CONDITIONS OF THE ABOVE CONSENT AND DISCLAIMER FORM.

By signing below, you acknowledge and fully understand that in any Direct Debit membership it is your responsibility to cancel your bank payments after the agreed date as per your Membership Agreement.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_