

# Active Health Application Form



Before you attend your first class, you will need to register with us by completing and returning the application below:

Client Name: ..... DoB: .....

Address: .....

Email: ..... Phone: .....

Please tick if you are registering for **Aqua Health/Aqua Move** classes: YES  NO

<b>What are your main reasons for starting a fitness programme?</b>	<b>YES</b>	<b>NO</b>
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had a chest pain when you were not doing physical activity?		
Do you lose balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem ( for example back, knee or hip) that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing medication for your blood pressure or heart condition?		
Do you know of any other reason why you should not take part in physical activity?		
If YES, please comment: ..... ..... ..... .....		

**Please turn over to complete this form...**



# Active Health Application Form (continued)

**If you answered YES to one or more questions:**

You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

**If you answered NO to ALL of the questions:**

It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level. A fitness appraisal can help determine your ability levels.

**I have read, understood and accurately completed this questionnaire. By signing I consent to the Active Health Terms and Conditions (available on our website or in the Centre). I also confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.**

Signature: .....

Print Name: .....

Date: .....

**Having answered YES to one of the questions above, I have sought medical advice and my GP has agreed that I may exercise.**

G.P. Signature: .....

Print Name: .....

Date .....

## Please return the application form to us at:

Active Health, Beau Sejour Leisure Centre, Amherst, GY1 2DL

You can also register by downloading, completing and returning the application form on our website [www.beausejour.gg](http://www.beausejour.gg) to us at [ActiveHealth@gov.gg](mailto:ActiveHealth@gov.gg)

For more information please contact the Active Health team:

Telephone: **220508**

Email: [ActiveHealth@gov.gg](mailto:ActiveHealth@gov.gg)

Website: [www.beausejour.gg](http://www.beausejour.gg)