

Killeline Leisure Centre

Cork Road, Newcastle west, Co. Limerick 069 77551

Membership Renewal

Name: _____ Member Number _____

Address: _____

Telephone Number: _____

Email Address _____

Type of Membership _____

How did you hear about us: Facebook ___ Friend _____ Past member _____

News paper _____ Flyer/Poster _____ Other _____ Where _____

History Details

Please answer the following questions by ticking the correct response.

1. Do you have any heart problems? YES ___ NO ___

2. Is there a history of heart disease / stroke in your family? YES ___ NO ___

3. Have you ever experienced pain or discomfort in your chest while exercising? YES ___ NO ___

4. Do you suffer from high/low blood pressure? YES ___ NO ___

5. Do you have any form of illness e.g. asthma, diabetes, epilepsy? YES ___ NO ___

6. Are you presently on any type of medication? YES ___ NO ___

7. Do you have any type of muscle, joint or back problem? YES ___ NO ___

8. Have you had any surgery with the last four months? YES ___ NO ___

9. Are you, or have you been pregnant in the last four months? YES ___ NO ___

10. Do you have a hernia or any other condition, which may be aggravated by exercise or lifting weights YES ___ NO ___

11. Do you have any other condition, which may limit your exercise Programme? YES ___ NO ___

12. Do you smoke? YES ___ NO ___

If you have answered YES to any of the above, Please give details :

Informed Consent

I declare that I intend to take part in the exercise class / programme offered by Killeline Leisure Centre. I am aware that as with all types of exercise there is an inherent risk of heart attack, light-headedness, fainting, cramps, muscle or joint injury etc. I acknowledge that my choice to participate in this exercise brings with it the assumption by me of those risks and I understand that I am free to withdraw from this exercise or modify my activity levels at any time. I assume full responsibility during and after my participation to use or apply at my own risk any portion of the information or instruction that I receive. I understand that Killeline Leisure Centre accepts no responsibility whatsoever for any injuries or death during or after participation in the exercise class / programme.

I agree that I have read, understood and agree to the contents of this informed consent agreement in its entirety.

I also agree to the full Terms & Conditions of the Leisure Centre:

Copy of T&C's Given Sign _____ Date _____

Signed: _____ Participant Date: _____

Signed: _____ **Staff Member** **Date:** _____