



# GALE FORCE WORKOUT

Group Fitness Programme

## Registration

Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Male/Female

Address \_\_\_\_\_ Home Number \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ Mobile Number \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about the Gale Force Workout? \_\_\_\_\_

\_\_\_\_\_

I understand that photos of the group may be taken for use on promotional material.

I wish to sign up for 2/3 sessions per week or buy a book of 10.

**I understand that I am entitled to one FREE session.**

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



# GALE FORCE WORKOUT

## Group Fitness Programme Physical Activity Readiness Questionnaire

Please complete this form before the boot camp can take place. If you are aged over 69 and are not used to physical exercise check with your doctor before you start exercising. *All information will be treated confidentially.*

Please tick appropriate box:

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Do you ever feel pain in your chest when you do physical activity?

Have you ever had chest pain when you were not doing physical activity?

Do you ever feel faint or have spells of dizziness?

Do you have a joint problem that could be made worse by exercise?

Have you ever been told that you have high blood pressure?

Are you currently taking any medication of which the instructor should be made aware? If so, what?

Are you pregnant or have you had a baby in the last 6 months?

Is there any other reason why you should not participate in physical activity? If so, what?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### **IF YOU HAVE ANSWERED YES TO ONE OR MORE QUESTIONS:**

Talk to your doctor by phone or in person before you start becoming more physically active and before you have a fitness assessment. Tell your doctor about the questionnaire and which question(s) you answered YES to.

You may be able to do any activity you want – as long as you begin slowly and build up gradually, or you may need to restrict your activities to those which are safe for you. Talk to your doctor about the kinds of activity you wish to participate in and follow his/her advice.

### **IF YOU HAVE ANSWERED NO TO ALL QUESTIONS:**

You can be reasonably sure that you can start to become more physically active and take part in a suitable exercise programme. Remember – begin slowly and build up gradually.



**PLEASE NOTE**

If your health changes so that subsequently you answer YES to any of the above questions, inform your fitness or health professional immediately. Ask whether you should change your physical activity or exercise plan. Delay becoming more active if you fell unwell because of a temporary illness such as cold or flu – wait until you are better.

I understand and am aware that fitness activities involve a risk of injury. I hereby assume all responsibility for my participation in the programme.

***I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE.  
ALL QUESTIONS HAVE BEEN ANSWERED TO THE BEST OF MY KNOWLEDGE.***

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_