|  |  |
| --- | --- |
| **Name:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Emergency Contact Name:** |  |
| **Emergency Contact Telephone Number** |  |

**Please delete as appropriate**

|  |  |
| --- | --- |
| Has your doctor ever said you have a heart condition and should not participate in physical activity?  | Yes/No |
| Do you have a bone or joint problems that could be made worse by participating in physical exercise?  | Yes/No |
| Is there a history of heart disease in your family under 55 years of age? | Yes/No |
| Do you feel chest pains when you exercise?  | Yes/No |
| Do you experience a loss of balance or dizziness during exercise? | Yes/No |
| Is your doctor prescribing you drugs for blood pressure or a heart condition? | Yes/No |
| Do you suffer from Asthma or other respiratory problems? | Yes/No |
| Are you pregnant or post-natal?  | Yes/No |
| Please notify us in the box below of any medical conditions, including recent operations as well as any medication you are currently taking. | N/A |

By signing, I confirm all information on this form is correct and I accept responsibility for my own health.

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

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

Parent/Carer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Must have a parent/carer consent signature for anyone under 18 years of age)

Please either bring a signed copy on the day or email a copy to Ethan Wareing: e.wareing@barnsley.ac.uk

If you have any questions, please contact The Sports Village by calling: 01226 216 342.

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**OFFICE USE ONLY**

Fitness Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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