

GYM APPLICATION FORM

Moama Sports Club Perricoota Road, Moama, NSW 2731
phone 03 5480 6444 fax 03 5480 6400
www.moamasportsclub.com.au



Membership Number	Name		
D.O.B.	Age	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address		Postcode	
Contact Numbers	Home	Work	Mobile
Email Address			
Emergency Contact Name		Relationship	
Contact Numbers	Home	Work	Mobile
Parent/Guardian		Date	

If you are either 16 or 17 years old.

Physical Activity Readiness Questionnaire

This section of the application form is designed to assess whether you need a medical clearance before you commence an exercise program or increase your current level of physical activity. Please read each question carefully and answer accordingly (circle appropriate).

1. Has your doctor ever said you have a heart problem? Yes No
2. Do you frequently suffer pain in your heart or chest? Yes No
3. Have you had any chest pain recently? Yes No
4. Do you often feel faint or dizzy? Yes No
5. Has your doctor ever said your blood pressure is too high? (e.g. over 140/95) Yes No
6. Are you currently taking any drugs for blood pressure or heart condition? Yes No
7. Has your doctor ever said you have severe bone, joint or muscle problems, such as arthritis, that has been aggravated, or might be worse by exercise? Yes No
8. Are you over 35 and not accustomed to regular vigorous exercise? Yes No
9. Are you currently pregnant? Yes No
10. Are you currently suffering from any illness? Yes No
11. Is there any other physical reason not mentioned here that might restrict your exercise program? If so please specify. Yes No
12. Do you suffer from any back problems? Yes No

If you answer YES to any of the above questions, please obtain a medical clearance from your doctor before beginning any exercise program or fitness assessment.

How did you hear about us?

- The Premier The Riverine Herald Television Radio E-Mail Website
 Word of Mouth Moama Sports Club Advertising Other _____