

## Wendover Fitness Ltd Enrolment Form

Name	
Address	
Contact number(s)	
Email address	
Are you happy to be contacted by text?	Yes / No
Name of Emergency Contact	
Relationship	
Contact number (s)	
Would you describe yourself as (please tick)	Beginner ( ) Intermediate ( ) Advanced ( )
How many times a week do you exercise?	
Do you have any injuries that could impact your workout?	
How did you hear about Wendover Fitness?	

### Terms and Conditions

#### Health Screening

- All clients must complete a health questionnaire (PAR-Q) before commencing any exercise programme.
- Wendover Fitness Ltd may require a letter of 'medical clearance' from your GP. Please be aware that your GP may charge you for this.

#### Cancellation Policy

- In the event that a class has to be cancelled, Wendover Fitness Ltd will endeavour to give 48 hours notice and a credit/refund will be offered to all participating clients.
- Monies paid are non-refundable. Refunds shall not be given for non-attendance. Fee Charging Policy
- Payment for classes must be made at the time of booking or brought with you to the first class (by prior arrangement)
- Payment by bank transfer (Account Name: Wendover Fitness Ltd, Account Number: 75296781, Sort Code: 09 01 28, or cheques payable to "Wendover Fitness Ltd"
- Wendover Fitness Ltd will endeavour to accommodate a "pay as you go" arrangement were possible, however clients who have booked a full block of classes take priority, and it is advisable to pre-book to guarantee your place in the class.

#### Outdoor policy (if applicable)

- There are risks when exercising outdoors. Natural surroundings can be hazardous; uneven surfaces, tree roots, potholes and slippery surfaces in inclement weather are just some examples of this. Wendover Fitness Ltd will do its utmost to ensure a safe environment, however you undertake these classes entirely at your own risk.

#### Alternative venue policy (if applicable)

- Where classes are held in third party venues (such as Wendover Tennis and Squash Club, St. Anne's Hall or Wendover Youth Centre), the proprietor accepts no responsibility or liability for the activities of Wendover Fitness Ltd and its class participants whilst within their premises.

I recognise and understand all the terms and conditions set out above between Wendover Fitness Ltd and myself and agree to follow all the guidelines as listed. By signing this agreement I give my consent that photographs of me participating in Wendover Fitness Ltd classes and events may be included in Wendover Fitness Ltd marketing and publicity materials. Please tick here if you do not wish your photos to be used in this way ( ): \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Additional Notes

Please arrive 5 minutes prior to the training session so that a full session can be achieved.

Please wear appropriate clothing and footwear for the class that you are attending:

For all classes, clothes should be loose fitting and non-restrictive. Footwear should be comfortable and provide adequate support (non-marking). Remember to bring a towel and water. All necessary equipment will be provided

For Nordic Walking, clothes should be loose fitting and non-restrictive, and appropriate for weather conditions. Footwear should be comfortable and provide adequate support, suitable for the terrain and weather conditions. Remember to bring water. A head torch may be required for evening sessions. Poles are available to hire by prior arrangement

## Physical Activity Readiness Questionnaire (PAR-Q)

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patterns. If you are over 69 years of age and are not used to being very active, check with your doctor. Common sense is your best guide when answering these questions. Please read carefully and answer each one honestly.

Please tick either YES or NO

1	Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?	Yes	No
2	Do you feel pain in your chest when you do physical activity?	Yes	No
3	In the past month, have you had a chest pain when you were not doing physical activity?	Yes	No
4	Do you lose your balance because of dizziness or do you ever lose consciousness?	Yes	No
5	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?	Yes	No
6	Is your doctor currently prescribing medication for your blood pressure or heart condition?	Yes	No
7	Do you know of any other reason why you should not do physical activity?	Yes	No

If yes, please comment:

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 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. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

Note: Any GP sought physical activity clearance is valid for a maximum of 12 months from the date it is completed and will need to be resubmitted upon expiration. This PAR Q becomes invalid if you fail to notify Wendover Fitness Ltd of any changes in your condition which would result in you answering YES to any of the 7 questions above.