SCREENING AND MEMBERSHIP FORM

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

Adress:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly: (Tick the appropriate answer)**

* Do you have a heart condition and should only do physical activity recommended by a physician? **Y / N**
* When you do physical activity, do you feel pain in your chest? **Y / N**
* When you were not doing physical activity, have you had chest pain in the past month? **Y / N**
* Do you ever lose consciousness or do you lose your balance because of dizziness? **Y / N**
* Do you have a joint or bone problem that may be made worse by a change in your physical activity? **Y / N**
* Is a physician currently prescribing medications for your blood pressure or heart condition? **Y / N**
* Are you pregnant? **Y / N**
* Do you know of any other reason you should not exercise or increase your physical activity? **Y / N**

**If you answered yes to any of the above questions, talk with your doctor BEFORE you become physically active. Tell your doctor of your intention to exercise and which questions you answered ‘yes’ to. If at any stage your health changes, resulting in a ‘yes’ answer to any of the above questions, please seek guidance from a GP.**

I hereby request the opportunity to participate in an exercise programme and/or martial arts class that includes light to full sparring. I acknowledge that my participation in such a programme is entirely voluntary on my part. I will be shown how to operate any equipment necessary for my participation and I will only use the equipment for the correct purpose. I realize that the equipment provided can be potentially dangerous and, if I am unsure, I should ask for assistance from staff. I understand that I should immediately cease using any malfunctioning equipment and report to the staff equipment in need of repair. It is possible that certain changes may occur during exercise/martial arts practice e.g. bruising, breaks and dislocations, dizziness/fainting, abnormal heart rhythms, and in rare instances, heart attacks. I accept all risks of such changes. I understand that martial arts are contact sports and agree to use the facility and equipment provided safely and according to the instructions provided. I’m giving my permission to taking pictures and videos of Me by Phoenix Tralee club members or a professional photographer during trainings or/and competitions in which I participate. I agree to publish these photos and videos on the media and social media after informing me about it.

Participant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_