

Application Form



First Name: Gender:

Family Name: Date of Birth:

Parent/Guardian's Name:

Address:

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Post Code: Work Tel:

Home Tel: Player Mobile:

Parent/Guardian's/Mobile:

Parent/Guardian's Email Address:

Player Email Address

PAR Q Questionnaire – Please circle YES or NO

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? **YES NO**
- Do you ever feel pain in your chest when you do physical activity? **YES NO**
- Have you ever had chest pain when you are not doing physical activity? **YES NO**
- Do you ever feel faint or have spells of dizziness? **YES NO**
- Do you have a joint problem that could be made worse by exercise? **YES NO**
- Have you ever been told that you have high blood pressure? **YES NO**
- Are you currently taking any medication of which the coach/instructor should be made aware? **YES NO**
- If so what medication?
- Are you pregnant or have you had a baby in the last 6 months? **YES NO**
- Is there any other reason why you should not participate in physical activity? If so, what? **YES NO**

Signatures

Parent/Guardian's Signature Date

Parent/Guardian's Signature Date

Office Use Only

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Date Joined Initial Payment

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Initial Group Monthly Payment

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Standing Order Form Completed and Initial Payment Collected Date of Next Payment

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Players Details Entered onto Sentry and Mailchimp Coaches Signature



