



Your health is your responsibility. The management and staff of this organisation are dedicated to helping you take every opportunity to enjoy the facilities that we offer. With this in mind, we have carefully considered what we can reasonably expect of each other.

Our commitment to you

1. We will respect your personal decisions, and allow you to make your own decisions about what exercise you can carry out. However, we ask you not to exercise beyond what you consider to be your own abilities.
2. We will make every reasonable effort to make sure that our equipment and facilities are in a safe condition for you to use and enjoy.
3. We will take all reasonable steps to make sure that our staff are qualified to the fitness industry standards as set out by the Register of Exercise Professionals.
4. If you tell us that you have a disability which puts you at a substantial disadvantage in accessing our equipment and facilities, we will consider what adjustments, if any, are reasonable for us to make.

Your commitment to us

1. You should not exercise beyond your own abilities. If you know or are concerned that you have a medical condition which might interfere with you exercising safely, before you use our equipment and facilities you should get advice from a relevant medical professional and follow that advice.
2. You should make yourself aware of any rules and instructions, including warning notices. Exercise carries its own risks. You should not carry out any activities which you have been told are not suitable for you.
3. You should let us know immediately if you feel ill when using our equipment or facilities. Our staff members are not qualified doctors, but there will be a person available who has had first-aid training.
4. If you have a disability, you must follow any reasonable instructions to allow you to exercise safely.

This statement is for guidance only. It is not a legally binding agreement between you and us and does not create any obligations which you or we must meet.

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Personal Details BLOCK CAPITALS

Fitness Centre Number _____

First name _____ Surname _____

Address _____

Post Code _____

Telephone No (day) _____ Telephone No (evening) _____

Email _____ Date of birth _____

Emergency Contact Name _____ Relationship _____

Telephone No (day) _____ Telephone No (evening) _____

Doctors name _____ Surgery _____

Other Details

Course/ Department: _____ Student/ Staff/ Associate/ Other (please circle)

Date of Enrolment: _____ Year of Graduation: _____

Student Number _____

Disability Details (optional)

Do you consider yourself to have a disability or impairment? **Yes** **No**

If **Yes**, what is the nature of your disability or impairment?

- | | | | |
|--------------------------------------|--------------------------------------|---|---|
| 1. Hearing <input type="checkbox"/> | 3. Multiple <input type="checkbox"/> | 5. Mental Health <input type="checkbox"/> | 7. Other <input type="checkbox"/> |
| 2. Learning <input type="checkbox"/> | 4. Visual <input type="checkbox"/> | 6. Physical <input type="checkbox"/> | 8. Prefer not to say <input type="checkbox"/> |

Candidates with Special Requirements

If you require resources to be supplied in a special format e.g. large print, please tick here

Please provide details

Every effort will be made to ensure that resources are available at the end of your induction; however some formats may take longer to produce. We will contact you if there is a chance of delay.

Do you require extra assistance on your induction? Please give details

I have read and fully understand the Health Commitment Statement.

I am confident to use the fitness centre without supervision.

Signature _____

Date _____

FOR OFFICE USE ONLY

Member in Book? Yes No HCS IND Receipt No _____

Staff Signature _____

Date _____