



Teen Gym/Junior Health Questionnaire

PERSONAL DETAILS of the Teen Gym member:

FIRST NAME: _____ SURNAME: _____

DATE OF BIRTH: _____

FULL ADDRESS: _____

POST CODE _____

CONTACT TELEPHONE NUMBER _____

I agree that HD3 Fitness Centre may contact me with regard to membership information.

Please circle: YES NO

E-MAIL ADDRESS _____

I agree that HD3 Fitness Centre may contact me with regard to membership information.

Please circle: YES NO

Medical to be completed by the person giving consent.

Please circle YES or NO to the following questions:			
1	Are you aware of any medical reason/condition, which may affect your child's ability to take part in an exercise programme?	Yes	No
2	Is your child currently taking any prescription medication?	Yes	No
3	Does your child have any other special needs that we should consider?	Yes	No
	On occasions we take marketing photos in the gym and studio. These are used on social media and on promotional photos. No names are used in the marketing photos.		
4	Do you give permission for photographs to be used in marketing?	Yes	No
5	Do you give permission for First Aid if your child needs medical attention?	Yes	No

If you have answered yes to any of the questions above, please provide details:

INFORMED CONSENT: I hereby acknowledge that:

- The information provided above regarding my child's health is, to the best of my knowledge correct.
- I will inform you immediately if there are any changes to the information provided above.
- I give my permission for my child to commence a physical activity programme.
- The parent/guardian is ultimately responsible for the behavior of his/her child in accordance with the membership Terms and Conditions (including Centre rules).
- HD3 Fitness Centre Ltd expects members under the age of 16 to behave at all times in a manner that shows respect for the Centre and other members.
- There is CCTV in operation at the Fitness Centre for safety and security reasons.
- Parents/Guardians should note that responsibility of the payment of membership charges and any other payments rests with them and not with the child. Failure to pay all charges when due will result in the member being denied access to the Centre.

Parent/Guardian Name: _____

Relationship to Junior: _____

Land line: _____

Mobile Number: _____

Parent/Guardian signature: _____

Dated: _____

Instructor signature _____

How did you hear about HD3 Fitness Centre?

Recommended by a friend ☐ Advert in local magazine ☐ Flyer ☐ Live locally ☐

Other _____