



Thank you for your interest in registering to join a  
**Fitter for Life Program.**

**Please read the attached form carefully and fill in Step 1 first.**

If you answer **NO** to all boxes, then skip to Step 3 and return.

If you answer **YES** to any question, we suggest that you see a doctor before beginning the classes and fill in Step 2 and Step 3 then return.

Please return your completed Registration Form to:

**YMCA Gymnastics - Glengowrie**

**Cnr of Butler Cres & Maxwell Tce, Glengowrie, SA 5044**

Or email to Gymnastics SA - [jdavidson@gymnsa.com.au](mailto:jdavidson@gymnsa.com.au)



# STEP 1

## Pre-Exercise Screening Tool

This screening tool does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. The screening system in no way guarantees against injury or death. No responsibility or liability can be accepted by Gymnastics SA for any loss, damage or injury that may arise from any person acting on any statement or information contained.

Name: .....

Date of Birth:..... Male  Female

Please circle the response to the best of your current knowledge.

1. Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	Yes	No
2. Do you ever experience unexplained pains in your chest at rest or during physical activity / exercise?	Yes	No
3. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	Yes	No
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 3 months?	Yes	No
5. If you have diabetes (type I or II) have you had trouble controlling your blood glucose in the last 3 months?	Yes	No
6. Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/ exercise?	Yes	No
7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical/exercise?	Yes	No
IF YOU ANSWERED YES to any of the 7 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise. PLEASE COMPLETE <b>STEP 2</b> NEXT		
IF YOU ANSWERED NO to all of the 7 questions and you have no other concerns about your health, you may proceed to undertake this program. PLEASE COMPLETE <b>STEP 3</b> NEXT		

## STEP 2

# Participant Referral Form

### Client Detail:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact email: \_\_\_\_\_

Contact phone: \_\_\_\_\_

### Referral Details:

Medical Practitioner Name: \_\_\_\_\_

Practise Name: \_\_\_\_\_

Practise Address: \_\_\_\_\_

By signing this form you are giving medical clearance for (Participants first and name)

\_\_\_\_\_

To participate in Fitter For Life classes. I understand that the classes will be coached by trained staff and that the fitness level of each participant will be assessed and activities will be progressive.

Details of conditions / current medication:

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

Any recommendations / information for the Fitter for Life coaches:

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

Medical Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STEP 3

# Participant Registration Form

### About You

Name		Date of birth	
Address		Post Code	
Email		Phone	

### Emergency Contact

Name		Relationship	
Phone			
<b>GP Details</b>			
Name		Phone	
Practice Address			

### Your Goals

What are your activity based goals in the medium to short term (3 months). Think of some things you might want to be able to do or get better at doing?

What are your main reasons for starting an exercise program?

Please rate the importance from 0 to 10 (with 0 being not important and 10 being very important)

Fitness		Enjoyment	
Strength		Managing Pain	
Flexibility		Weight Loss	
Managing daily activities		Managing medical condition	
Social connection		Self esteem	
Stress management		Mental well –being	

Have you undertaken any structured exercise in recent years?

If yes - what type of activity and for how long each week?

Do you experience any adverse or unfavourable outcomes by participation in exercise?

What type of exercise do you enjoy the most?

What type of exercise do you dislike?

Circle the barriers that most prevent you from participating in exercise:

Lack of motivation

Fear of injury

Lack of time

Unable to access

Family commitments

Work commitments

Other.....

Is there any other health related information that your coach should know before participating in this program?

Signed by Participant .....

Date .....

Signed by Coach .....

Date .....