



# SOUTH PERTH YACHT CLUB

## GYMNASIUM

### PERSONAL DETAILS

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

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

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F

*If over 35 years of age, you will need to produce a medical prior to beginning your Fitness Test.*

### INDEMNITY FORM

I, the undersigned, \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ do freely and voluntarily submit myself for a series of anatomical and physiological tests. I understand and agree that the South of Perth Yacht Club and its respective servants, agents and all others involved, will not be responsible for or under any liability to myself or my estate or dependants arising out of such tests or any injuries sustained by me, including my death.

I acknowledge having been advised that it would be prudent for me to undergo a medical check up before participating in these tests if I have not recently done so.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

*\* If the subject is under 16 years of age, this authority must be signed by a parent or legal guardian, who then becomes a party to the above agreement.*

## MEDICAL DETAILS

When was your last medical check up? \_\_\_\_\_

Do you suffer or have suffered any of the following? If yes give details

- |   |   |   |
|---|---|---|
| • Headache  | Y | N |
| • Difficulty breathing  | Y | N |
| • High Blood Pressure   | Y | N |
| • Any heart condition   | Y | N |
| • Pains or tightness in the chest                               | Y | N |
| • Spells or severe dizziness                                    | Y | N |
| • Recurring muscle injuries                                     | Y | N |
| • Neck or back pains  | Y | N |
| • Any chronic complaints (eg... hay fever, migraines, diabetes) | Y | N |
| • Other (please specify)  |   |   |

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Do you take any prescribed medication?      Y      N

If so what? \_\_\_\_\_

## EXERCISE

Are you currently engaged in regular physical activity?      Y      N  
If so, what kind of activity and how often?

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If not, when was the last time you did engage in regular physical activity and what type of activity?

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