

# Edinburgh Sports Club – Membership Application

EB00

PLEASE COMPLETE IN BLOCK CAPITALS			
Title		Tel Home	
First Names		Tel Business	
Last Name		Mobile	
Date Of Birth		Email (Required for booking system)	
Identification		Occupation Employer	
Home Address		Member Category	
Post Code		Annual/Monthly	
In Case of Emergency Contact Name: Contact Number :			
Where did you hear about us, please circle : Website / Referral / Advert / Direct Mailing / Other...			
Interested in, please circle: Tennis / Squash / Padel / Racketball / TT / Gym			

## Declaration

I wish to apply for the membership. I agree to be bound by the Memorandum and Articles of Association of the Edinburgh Sports Club Ltd, the Bye-Laws and all rules which may be in force from time to time. I agree that membership and entitlement to facilities shall not commence until I have received confirmation of membership and have made payment of all appropriate sums due.

Please note that the details provided above will be held by in accordance with our privacy policy. Our policy is available on request or on our website [www.edinburghsportsclub.co.uk/privacy](http://www.edinburghsportsclub.co.uk/privacy)

<b>Signature</b>	
<b>Date</b>	

Please complete all sections and return to Edinburgh Sports Club Ltd, 7 Belford Place, Edinburgh EH4 3DH (tel 0131 539 7071)

**Please complete Pre Exercise Screening Questionnaire overleaf.**

Office Use	Staff name	Fees paid	Payment method
Additional notes			

# Pre Exercise Screening Questionnaire

**AIM: To identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This checklist is self-administered and self-evaluated.**

This screening form does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Edinburgh Sports Club for any loss, damage, illness, injury or death that may arise from any person acting on any statement or information contained in this tool. All information will be treated as strictly confidential and in accordance with our Privacy Policy.

Please circle response

- |   |     |    |
|---|-----|----|
| 1. Have you ever suffered or been told by a doctor that you have suffered a stroke?   | Yes | No |
| 2. Has your doctor ever told you that you have a heart condition?   | Yes | No |
| 3. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?   | Yes | No |
| 4. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?                                      | Yes | No |
| 5. Have you had an asthma attack requiring medical attention at any time over the last 12 months?   | Yes | No |
| 6. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?   | Yes | No |
| 7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise? _____                          |     |    |
| 8. 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? _____ |     |    |

IF YOU ANSWERED 'YES' to questions 1 - 6, we recommend you obtain written medical clearance/approval from a GP or appropriate allied health professional stating you are able to safely undertaking physical activity/exercise in our clubs.

IF YOU ANSWERED 'NO' to all questions, and you have no other concerns about your health, you may proceed to undertake light/moderate intensity physical activity/exercise.

I believe that to the best of my knowledge, all of the information I have supplied within this form is correct.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_