

**PERSONAL DETAILS**

Name .....

Male  Female

Date of birth .....

E-Mail .....

Employer: Ulster Bank  Other

Phone Ext. ....

Mobile Phone . ....

NIACS Swipe Card No. (five digits, bottom right).....

Doctor .....

Medication Yes/No Details .....

**LIFESTYLE DETAILS**

Smoker: yes/no \_\_\_\_ per day

Alcohol: yes/no \_\_\_\_ per week

Lifestyle: Sedentary  Active

What kind of exercises are or have you been doing:

Present \_\_\_\_\_

Past \_\_\_\_\_

How fit do you consider yourself at present?

Unfit 1 2 3 4 5 6 7 8 9 10 Fit

Activity Objective/Goal \_\_\_\_\_

\_\_\_\_\_

Health/Weight Target \_\_\_\_\_

\_\_\_\_\_

Injuries/concerns \_\_\_\_\_

## **PHYSICAL ACTIVITY READINESS QUESTIONNAIRE**

Many health benefits are associated with regular exercise and a healthy lifestyle and for most people physical activity should not pose any problem or hazard. This questionnaire is designed to identify the small number of adults for whom physical activity may be inappropriate or for those who may need extra advice or caution concerning the type of activity or other lifestyle changes most suitable for them.

**Please** read the questions below carefully and **tick the YES or NO** response box that applies to you. All information given will be kept in strict confidence.

		<b>YES</b>	<b>NO</b>
1	Have you ever suffered from heart disease or high blood pressure?		
2	Do you feel pain or tightness in your chest when you do physical activity?		
3	In the past month, have you had chest pain when you were not doing physical activity?		
4	Do you lose your balance because of dizziness, fainting or do you ever lose consciousness?		
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity? (arthritis, injury, severe back pain)		
6	Do you suffer from diabetes or epilepsy?		
7	Do you suffer from asthma or any other respiratory condition?		
8	Is your doctor currently prescribing medication for your blood pressure or heart condition?		
9	Are you, or have you been pregnant within the last four months?		
10	Are you recovering from any serious illness or operation in the last four months?		
11	Do you know of any other reason why you should not do physical activity or are you aware of any aspect of your health that might be adversely affected by exercise?		

**If you have answered YES to any of the above questions, it is recommended that you consult your doctor** before starting any form of vigorous activity.

If you have a temporary illness, such as a cold or raised temperature, or are not feeling well at this time, you may want to postpone starting your activity.

**It is your responsibility to inform the gym supervisor accurately.**

I have read, understood and completed this questionnaire

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

## INFORMED CONSENT FORM

Regular moderate exercise that is performed in a controlled way and is kept up, is likely to lead to an improvement in health. Similarly, positive lifestyle changes including improved eating habits, optimising body composition and stress management are likely to have beneficial effects on general well-being.

With all types of exercise there is an inherent risk of heart attack, light-headedness, fainting, cramps, muscle or joint injury etc. This risk is higher for people who are unused to exercise.

Any risks or discomfort arising from exercise can be minimised by adequate preparation, and attention.

**I understand the risks and benefits of exercise as outlined above.**

**I acknowledge that my participation on the exercise and wellbeing programme is at my own risk exclusively. I agree to inform the gym supervisor of any unusual symptoms that may occur whilst I am exercising or at other related times.**

I confirm that I have read, understood and agree to the contents of this informed consent form in its entirety

## CANCELLATION POLICY

**I acknowledge that I have to contact the gym office in written form, either via e-mail or letter, if I want to stop my Gym Membership Standing Order. This must be done at least four weeks before cancelling the standing order.**

E-mails should be sent to martin.luschin@ulsterbank.com.

Missed gym fee payments are due to be paid if we don't receive above mentioned e-mail or letter with sufficient notice.

I confirm that I have read, understood and agree to the contents of above in its entirety.

Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

## NEWSLETTER

Tick this box to **subscribe** to our **monthly e-mail newsletter**, including information re upcoming classes, special offers, seminars, talks, workshop, health, fitness and exercise related articles etc.. Please make sure you mentioned the correct e-mail address on page one.



## Instruction for a Standing Order – Ulster Bank Gym Central Park

Please complete below from in **BLOCK letters** and sign where appropriate.

To: (your banks full postal address)

### Ref: Monthly Standing Order for Gym Membership Ulster Bank Gym €13.75/month

Please set up a standing order of €13.75 per month from the 20<sup>th</sup> of \_\_\_\_\_ 2017  
and every month thereafter.

The standing order has to be paid to the following account:

Ulster Bank Gym Account

BIC: ULSB IE 2D

IBAN: IE45 ULSB 9862 7011 6331 07

My account details are

Name (Please Print): \_\_\_\_\_

BIC:  -  -

IBAN:  -  -  -  -  -

- I instruct you to pay a standing order from my account at the request of Ulster Bank gym.
- The amounts are available and may be debited on or just after the 20th of each month.
- I shall duly notify the bank in writing if I wish to cancel this instruction.
- I shall notify CP Ulster Bank Gym of such cancellation.

Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_