Price: £23.50 per month

UNIVERSITY of WORCESTER

Assigned Card Number

Riverside Centre Fitness Suite
Community Membership & PAR-Q

Please take the time to fill out your details below and complete the following health questionnaire.

Membership Details

Mr / Mrs / Miss / Ms / Dr **Name:** _____

Date of Birth (Day/Month/Year): _____ **Age:** _____

Contact Number: _____

Email Address: _____

Emergency Contact Details

Mr / Mrs / Miss / Ms / Dr **Name:** _____

Relationship to you: _____

Contact Number: _____

Email Address: _____

Physical Activity Readiness-Questionnaire		
Please answer the following 12 questions honestly and to the best of your knowledge. **Sex: Male** ☐ **Female** ☐	**YES**	**NO**
1) Do you have or ever suffered a heart condition?		
2) Do you have high blood pressure?		
3) Are you currently taking medication for a heart condition or high blood pressure?		
4) Do you have, or ever been diagnosed with another chronic medical condition (longer than 3 months) for which you are taking medication?		
5) Do you have a bone or joint problem (e.g. arthritis) which is exacerbated by exercise or has been in the past?		
6) Do you lose balance because of dizziness? Have you lost consciousness or fainted in the last 12 months?		
7) Do you feel pain in your chest at rest, during daily activities or when you participate in physical activity?		
8) Do you experience unreasonable breathlessness at rest, during daily activities or when you participate in light physical activity?		
9) Are you aware of any unnatural heart activity (e.g. palpitation, irregular heart rate)?		
10) Do you experience any unusual sensation in your lower legs when walking short distances?		
11) Has your doctor ever said you should only do medically supervised physical activity?		
12) Have you undertaken planned, structured physical activity for at least 30 minutes at a moderate level of intensity (e.g. brisk walk, light bike ride) on at least 3 days per week for at least the last 3 months?		
Please note any additional health information we should be aware of below.		

Riverside Centre Introduction Video

I declare I have watched the Riverside Centre Introduction video either on YouTube or the Riverside Centre Fitness webpage, or at the Riverside Centre itself

Agree (please tick) ☐

Gym Induction

As part of your membership at the Riverside Centre Fitness Suite, you're welcome to book a free induction. During this session, one of our friendly instructors will walk you through how to use a range of equipment-from resistance and cardio machines to free weights. We'll also highlight the benefits of each and explain how to use them safely, so you can get the most out of your workouts.

I would like to receive a gym-based induction ☐

I choose not to receive a gym-based practical induction ☐

I understand that use of the Riverside Centre Fitness Suite and equipment is entirely at my own risk. I accept full responsibility for any injury, illness, or loss of life, and acknowledge that the University and its representatives are not liable. If I opt out of the gym induction, I do so on the same basis.

I also agree to always adhere to the Riverside Centre Fitness Suite's rules and code of conduct. I understand that failure to do so may result in suspension or withdrawal of my gym access.

Agree (please tick) ☐

Member Name: _____ **Date:** _____

Members Signature: _____

Data Protection

The University needs to collect certain information from you in order to administer your membership to the fitness suite. Our lawful basis for processing this information is that it is necessary for the performance of a contract (Article 6(b) of the UK GDPR.

We also need to collect information about your health in order to ensure any advice, support and recommendations our staff may make is suitable for your needs, and to identify any risks with you using specific equipment. Information relating to you health is known as special category data. We rely on your explicit consent to allow us to process your special category data (Article 9 (2)(a) of the UK GDPR).

I consent to the information about my health provided in this form being processed in accordance with the above purpose.

Agree (please tick) ☐

We would also like to contact you from time to time to let you know about additional services being offered at the Riverside Centre Fitness Suite. We will only do this if you have provided consent for us to do so.

Yes, please contact me with details of additional services ☐

No, please do not contact me with these details ☐

Your information will be retained in line with the University's retention schedule, and kept for not longer than 6 years following the end of your membership to the fitness suite.

Please note that the University of Worcester is Controller of your personal data and details of how we process your data including how long we retain it and your rights are detailed on https://informationassurance.wp.worc.ac.uk/data-protection/privacy-notices/research-partcipants-supporters-and-visitors-privacy-notice

Declaration: I, the undersigned, have read, understood to my satisfication and completed this questionnaire. I acknowledge that this physical activity clearence is valid for 12 months from the date it is completed. I understand this form becomes invalid if my condition changes, and I do not notify the Riverside Fitness Suite in writing/email (riversidefitnesssuite@worc.ac.uk)

Member Name: _____ **Date:** _____

Members Signature: _____

OFFICE USE ONLY

First Payment Received: £_____ **Date Received:** _____

Staff Member: _____ **(Block Capitals)**

Ensure you inform member of a £6.20 charge if they lose either temporary or permanent card.

Have you issued a Temporary Card (please circle): Yes / No

If yes, what number: _____ **(input details onto database)**

Has the client confirmed S/O (please circle): Yes / No

Permanent Card Number: _____

Have you entered details onto spreadsheet: Yes / No Date: _____

***Ensure you have informed the Lead Fitness Instructor and file the paperwork in the relevant folder.**

Notes

***Paperwork must be stored securely in the back office.**