



Shinrone Community Gym

Medical Screening Form

First Name: _____ Surname: _____

Address: _____

Phone Number: _____ Age: _____

Medical History

1. Do you have an exercise routine at present: Yes _____ No _____
2. Have you or do you suffer from Heart Disease, Chest pain or any Cardiovascular or Circulatory problems? Yes _____ No _____
3. Are you under medical supervision? Yes _____ No _____
If yes, please specify _____
4. Are you currently taking any form of medication that may effect your during your workout? Yes _____ No _____
If yes, please specify _____
5. Are you recovering from any illness, virus or operation? Yes _____ No _____
6. Have you any:
Joint Pain? Yes _____ No _____
Back Pain? Yes _____ No _____
Nerve Pain? Yes _____ No _____
Arthritis? Yes _____ No _____
7. Are you Asthmatic/ Diabetic/Epileptic? Yes _____ No _____
8. Are you a Smoker? Yes _____ No _____

I acknowledge that there are risks and dangers inherent I physical exercise and I agree to make no claims against Julie Maguire or the owners of these premises, arising out of participation by me in any regime of physical exercise, or use of any equipment.

Signed: _____ Date: _____



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Body Composition / Fitness Testing

Goals: _____

Weight: _____ Height: _____ BMI: _____ W:H _____

Measurements

Chest: _____
Hips: _____
Waist: _____
Abs: _____
Thigh: (R) _____ (L) _____
Arm: (R) _____ (L) _____
Calf (R) _____ (L) _____

Body Fat %

Thigh: _____
Tri: _____
Bi: _____
Back: _____
Chest: _____
Total: _____ = _____ %

1. 3 min Step Test: HR: _____
RHR: _____

2. Push-up Test: Level 1 Level 2 Level 3
One Minute =

3. Sit up Test: Level 1 Level 2 Level 3
One Minute =

4. Treadmill Test:
a) 6 Minute Test Min1 Min2 Min3 Min4 Min5 Min6
Speed: _____
HR: _____

b) 1 KM Test
Time: _____

5. Sit and Reach Test: Sh/Elevation = R L

6. Dip Test: Level 1 Level 2 Level 3
One Minute =

7. Stationary Bike Test: 1 Mile: _____ 1KM: _____
Time: _____



Shinrone Community Gym

Agreement and Release of Liability

1. Inconsideration of being allowed to participate in the activities and program of Shinrone community gym, and to use its facilities, equipment and machinery in addition to the payment of any fee or charge. I do hereby waive, release and forever discharge Shinrone Development Company and its Directors, officers, agents, employees, representatives, successors and assigns, administrators, executors, and all the others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibilities or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of _____ or the use of any equipment at Shinrone Community Gym.

IF YOU UNDERSTAND AND AGREE, PLEASE SIGN _____

2. I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment is a potentially hazardous activity. I also understand that fitness activities involve the risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury or death.

IF YOU UNDERSTAND AND AGREE, PLEASE SIGN _____

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval or my participation in an exercise/fitness activity or in use of exercise equipment and machinery. I also acknowledge it has been recommended that I have a yearly physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have his recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physicians permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

IF YOU UNDERSTAND AND AGREE, PLEASE SIGN _____

Date _____

Signature _____

Date _____

Parent/Guardian _____

Date _____

Witness _____