

# Simon's Heroes

WE CAN BE HEROES, FOR MORE THAN ONE DAY...

## Simon's Heroes Membership Form

### About you

Name: .....

Address: .....

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.....

Contact Number: ..... Email Address: .....

DOB: ..... Occupation: .....

First aid qualified? Yes: ..... No: ..... (tick where appropriate).

Emergency Contact Details:

Name.....

Number: .....

Why do you want to join Simon's Heroes?

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### Medical history

Important Factors to consider before undertaking any type of exercise with Simon's Heroes are as follows:

Do you have any physical problems that are of concern to you?

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Are you on any Medication? If yes, please give details:

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.....  
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Have you undergone any surgery? If yes, please give details:

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.....  
.....  
.....

Do you suffer from any of the following?	YES	NO		YES	NO
Chest Pain ?			High Blood Pressure?		
Irregular Heart Beat?			High Cholesterol?		
Family History Of Heart Disease?			Shortness Of Breath?		
Respiratory Problems?			Diabetes?		
Chronic Cough?			Seizures Or Convulsions?		
Coronary Heart Disease?			Arthritis?		
Dizziness/Loss Of Consciousness?			Bone, Joint Or Muscle Injury?		
Low Back Pain?			Obesity?		

**PLEASE CONSULT YOUR DOCTOR BEFORE BEGINNING ANY EXERCISE PROGRAM**

What is your fitness level?

Beginner  Intermediate  Advanced

**Waiver and Release**

I agree that if I engage in any exercise sessions and activities though Simon's Heroes, I do so at my own risk. I acknowledge that I am voluntarily participating in Simon's Heroes activities and assume all risk of injury or illness. I agree to release and discharge (my trainers) at Simon's Heroes from any and all claims or cause of action (known or unknown) arising out of my negligence. I have carefully read this waiver and release and fully understand that it is a release of liability. I am waiving any right that I may have to bring legal action to assert a claim against Simon's Heroes.

Signature: ..... Date: .....

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**Admin-**

Allocated Membership Number: .....

Top size: .....