



Albertville Harriers



Membership & Medical Form 1st April 2018 – 31st March 2019 (18+)

Name: _____

Address: _____

Postcode: _____

Date of Birth: _____

Contact Number: _____

Email Address: _____

2018-2019 Membership Fees (Please Tick):

Standard = £30

Unemployed = £15

Both include Athletics NI affiliated athlete registration fee

Fees are payable to Jenny Hamilton Club Secretary/Treasurer either by cash or cheque
(Payable to Albertville Harriers)

Please complete the medical history & health declaration on the back of this page, this must be completed by new club members on joining and by current club members at membership renewal each April.



Albertville Harriers



Name: _____

MEDICAL HISTORY AND HEALTH DECLARATION

- | | |
|--|--------|
| 1. Do you have a heart condition and/or been recommended for medically supervised activity? | YES/NO |
| 2. Do you have chest pains brought on by physical activity? | YES/NO |
| 3. Do you lose your balance because of dizziness or do you ever lose consciousness? | YES/NO |
| 4. Do you have a bone or joint problem that could be made worse by a change in your physical activity? | YES/NO |
| 5. Is your doctor currently prescribing drugs for your blood pressure or heart condition? | YES/NO |
| 6. Do you have Diabetes ? | YES/NO |
| 7. Do you have Epilepsy? | YES/NO |
| 8. Do you have Asthma? | YES/NO |
| 9. (Females only) are you currently pregnant or is there a possibility that you might be? | YES/NO |
| 10. (Females only) Have you given birth in the last six months? | YES/NO |
| 11. Have you undergone any major operations within the last three years? | YES/NO |
| 12. Do you know of any other reason why you should not do physical activity? | YES/NO |

If you answered YES to one or more questions: Talk with your doctor BEFORE you start becoming more physically active. Tell your doctor about the PAR-Q (above questions) and which questions you answered YES. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

13. Do you have any medical condition(s) that a club first aid officer treating you should know about? YES/NO

If yes please provide details: _____

DECLARATION

I confirm that to the best of my knowledge, the information given on the Albertville Harriers Club Membership form and medical / health declaration is correct and complete.

Signature: _____

Print Name: _____

Date: _____

Please rest assured that all information provided will be held in the strictest of confidence.

All completed forms should be returned to Jenny Hamilton Club Secretary/Treasurer.
If you have any queries please do not hesitate to contact Jenny on 07769 748 979 or
jennyhamilton83@gmail.com