Gym Registration & Health Questionnaire Form

Gym registration is for access to the gym at Whitburn Community Centre only.

Version: September 2026

1. GYM USER DETAILS

Full name	**Date of birth**
Address	**Postcode**
Phone number	**Email address**
Emergency contact name	**Emergency contact number**

2. GYM REGISTRATION DECLARATION

Please tick each statement:

☐ I agree to follow the gym rules, safety notices and reasonable instructions from WCDT staff.

☐ I understand that access may be suspended or withdrawn for unsafe use, misuse of equipment or inappropriate behaviour.

3. HEALTH QUESTIONNAIRE (PAR-Q STYLE)

Please answer Yes or No to every question. Your answers will be used only for gym registration and safety purposes.

Question	Answer
1. Has a doctor ever said that you have a heart condition or should only undertake physical activity recommended by a doctor?	☐ Yes ☐ No
2. Do you feel pain in your chest during physical activity?	☐ Yes ☐ No
3. In the past month, have you had chest pain when you were not exercising?	☐ Yes ☐ No
4. Do you lose balance because of dizziness, or have you ever lost consciousness?	☐ Yes ☐ No
5. Do you have a bone or joint problem that could be made worse by exercise?	☐ Yes ☐ No
6. Are you currently taking medication for blood pressure or a heart condition?	☐ Yes ☐ No
7. Do you know of any other reason why you should not take part in physical activity?	☐ Yes ☐ No

If you answer YES to any question, Whitburn and District Community Development Trust reserves the right to request confirmation that you have obtained appropriate medical advice or clearance before granting or continuing access to the gym.

Health information consent

☐ I explicitly consent to WCDT processing the health information provided on this form for gym registration and safety purposes. I understand that I may withdraw my consent, although this may affect my continued access to the gym.

4. ACKNOWLEDGEMENT OF RISK AND SAFE USE

Please tick each statement:

- ☐ I understand that the gym is not staffed or supervised.
- ☐ I will exercise within my abilities and only use equipment that I know how to use safely.
- ☐ I will follow the gym rules and all displayed safety instructions.
- ☐ I will stop exercising if I feel unwell and seek appropriate advice where necessary.
- ☐ I will report faulty equipment, accidents or hazards to WCDT staff immediately.
- ☐ I will inform WCDT of any health changes that may affect my ability to exercise safely.

5. DATA PROTECTION

Your personal information will be used to administer your gym registration and support the safe operation of the gym. Please see WCDT's Community Centre Bookings and Gym Privacy Notice, available online at https://whitburncdt.org.uk/wp-content/uploads/2026/09/WCDT-Community-Centre-Bookings-and-Gym-Privacy-Notice-September-2026.pdf, from a member of staff, or by emailing info@whitburncdt.org.uk.

6. SIGNATURE

I confirm that the information provided is accurate and that I have read and understood the declarations above.

Name	**Date**
Signature	