

HEALTH QUESTIONNAIRE & SCREENING

How would you describe your current fitness level?																			
Have you ever used a Velodrome Track before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																		
Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																		
Are you pregnant or postnatal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																		
Has your doctor ever advised you to start an exercise programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																		
Have you ever had or are you currently experiencing any of the following?	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Heart Trouble/Family History</td> <td style="width: 33%;"><input type="checkbox"/> Chest pains</td> <td style="width: 33%;"><input type="checkbox"/> High/low Blood Pressure</td> </tr> <tr> <td><input type="checkbox"/> Arthritis</td> <td><input type="checkbox"/> Bone/Joint Problems</td> <td><input type="checkbox"/> Back Problems</td> </tr> <tr> <td><input type="checkbox"/> Sports Injury</td> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Asthma</td> </tr> <tr> <td><input type="checkbox"/> Cancer</td> <td><input type="checkbox"/> Faint or Dizzy Spells</td> <td><input type="checkbox"/> Tumour</td> </tr> <tr> <td><input type="checkbox"/> Retinal Dysfunction</td> <td><input type="checkbox"/> Epilepsy</td> <td><input type="checkbox"/> Pacemaker</td> </tr> <tr> <td><input type="checkbox"/> Recent Surgery</td> <td><input type="checkbox"/> Hearing Loss</td> <td><input type="checkbox"/> Other</td> </tr> </table>		<input type="checkbox"/> Heart Trouble/Family History	<input type="checkbox"/> Chest pains	<input type="checkbox"/> High/low Blood Pressure	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Bone/Joint Problems	<input type="checkbox"/> Back Problems	<input type="checkbox"/> Sports Injury	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Cancer	<input type="checkbox"/> Faint or Dizzy Spells	<input type="checkbox"/> Tumour	<input type="checkbox"/> Retinal Dysfunction	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Recent Surgery	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Other
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Please give details:																			
If you suffer from any medical condition, you should seek medical advice before using the Velodrome Track. Please remember to inform us if any of your circumstances change.																				
Coach comments (for staff use only)																				
.....																				

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Health Questionnaire & Screening continued

<p>DATA PROTECTION AND FAIR PROCESSING NOTICE</p> <p>The information which you provide on this Health Screening Form and Disclaimer will be processed by Glasgow Life (who is the "Data Controller" for purposes of the Data Protection Act 1998) in accordance with the Data Protection Act 1998 and Glasgow Life's Data Protection and Fair Processing Policies. These policies can be viewed at www.glasgowlife.org.uk/data-protection/Pages/home.aspx</p>	
<p>INFORMATION SHARING</p> <p>Glasgow Life may share details of your accreditation status with other indoor velodromes within the United Kingdom ("the Velodromes"). This information may be used by the Velodromes to validate your Glasgow Life accreditation and may, at each Velodrome's discretion, allow you to access the Velodrome's track facilities following a fast tracked accreditation process.</p> <p>Please tick this box if you are happy for Glasgow Life to share your information in this way <input type="checkbox"/></p>	
<p>DISCLAIMER/WAIVER OF LIABILITY</p> <p>All participants must understand that track cycling can be a dangerous activity. Whilst Glasgow Life makes all reasonable attempts to safeguard its customers from danger, accidents & injuries may still happen. By deciding to participate in track cycling sessions & signing this disclaimer, you are acknowledging these dangers and agree to take part at your own risk:</p> <p>I have read the Code of Conduct I agree to be bound by it.</p> <p>I agree that I know of no medical reason that would prevent me from undertaking a programme of physical activity such as track cycling. I acknowledge that I should not exercise beyond my own abilities and that I should consult with a Doctor if I have ever or am currently suffering from any of the conditions listed above or if I currently have a medical condition which may affect my ability to participate in track cycling in a safe manner.</p> <p>I acknowledge and fully understand that by using the Velodrome facilities, I will be engaging in activities that may involve some degree of risk or injury. I agree that all track cycling sessions are undertaken at my own risk and I accept full responsibility for any loss, damage or injury I may incur.</p> <p>I understand and agree that Glasgow Life does not accept any liability however so caused for death, personal injury, loss or damage suffered by participant and I indemnify Glasgow Life and its employees from and against any and all actions or claims arising from my participation in track cycling sessions and/or my use of the Velodrome's facilities.</p> <p>Before signing this document, I have read it and understand it affects my legal rights and I agree to Glasgow Life processing and sharing my personal data as outlined above.</p>	
<p>PERSONAL INFORMATION & SIGNATURE</p> <p>Name: Contact Number:</p> <p>Address:</p> <p>..... Postcode:</p> <p>Email:</p> <p>Signature:..... Date:</p>	
<p>ANY INDEMNITY AND/OR DECLARATION WHICH IS SIGNED BY A PERSON UNDER 16 YEARS OF AGE MUST BE COUNTERSIGNED BY THAT PERSON'S PARENT OR GUARDIAN AS DETAILED BELOW:</p>	
<p>Name of parent or guardian:</p> <p>Contact Number: Address if different from above:</p> <p>..... Postcode:</p> <p>Signature: Date:</p>	
<p>EMERGENCY CONTACT DETAILS</p> <p>Name:</p> <p>Contact Number: Alternative Contact Number:</p>	



WORKING TOGETHER TO TRANSFORM LIVES IN GLASGOW

PARTNER



SUPPORTER

