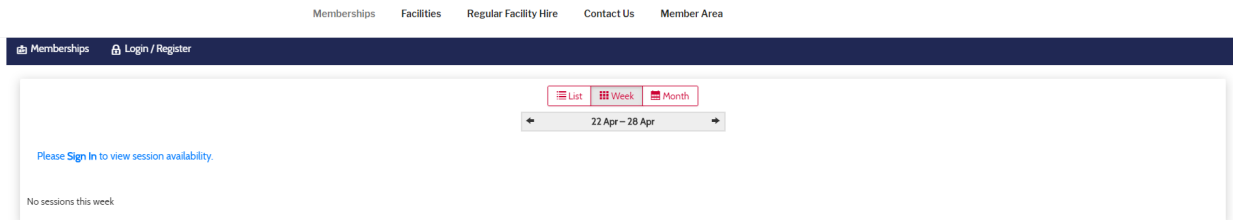


Taunton School Sports Club – Completing Waiver Forms

These instructions will guide you through the process of completing the Health Commitment Statement, Contact Form, Emergency Contact Form and Health Screening Form required for your Taunton School Sports Club Membership.

Please go to <https://goteamup.com/p/2178202-taunton-school-sports-clu/>

If you are not already logged in press the Login\Register button.



Then enter email address\password



Welcome to Taunton School Sports Club

Enter your email to get started

Email Address*

you@yourdomain.com

NEXT



Taunton School Sports Club – Completing Waiver Forms

Once logged in Press the “Forms and Waivers” button. On the next page please press the red “start” button to begin completing the required forms for a Taunton School Gym membership

Memberships



The next page will ask you to accept health commitment statement, once you have read this tick the “I accept the terms above” box and press the red submit button

Individual

Please complete the following forms.

1. HEALTH COMMITMENT STATEMENT
2. CONTACT FORM
3. EMERGENCY CONTACT FORM
4. HEALTH SCREENING FORM

The well being of your health is your responsibility. At Taunton School both the School and the staff are 100% dedicated to helping you making the most of everything hat we offer in a safe and professional matter. To offer this we have carefully considered what we can expect of each other as a fitness club and a member.

Our commitment to you:

1. We will respect your personal decisions, and allow you to make your own decisions about what exercise you can carry out. However, we ask you not to exercise beyond what you consider to be your own abilities.
2. We will make every reasonable effort to make sure that our equipment and facilities are in a safe condition for you to use and enjoy.
3. We will take all reasonable steps to make sure that our staff are qualified to the fitness industry standards as set out by the Register of Exercise Professionals. We will also offer professional advice in terms of both inductions and programmes.
4. If you tell us that you have a disability which puts you at a substantial disadvantage in accessing our equipment and facilities, we will consider what adjustments, if any, are reasonable for us to make.

Your commitment to us:

1. You should not exercise beyond your own abilities. If you know or are concerned that you have a medical condition which might interfere with you exercising safely, before you use our equipment and facilities you should get advice from a relevant medical professional and follow that advice.
2. You should make yourself aware of any rules and instructions, including warning notices, and follow them. Exercise carries its own risks. You should not carry out any activities which you have been told are not suitable for you.

I accept the terms above

SUBMIT

The next page will ask for your personal contact information, please complete all fields and press the “Submit” button

Individual

Please complete the following forms.

1. HEALTH COMMITMENT STATEMENT
2. CONTACT FORM
3. EMERGENCY CONTACT FORM
4. HEALTH SCREENING FORM

Address line 1*

Address line 2

City*

State/Region*

Postcode*

Country*

Phone*

SUBMIT

Taunton School Sports Club – Completing Waiver Forms

The next page asks for your details of a person to contact if there was an emergency, please complete all fields and press the “Submit” button.

Individual

Please complete the following forms.

1. HEALTH GOVERNMENT STATEMENT
2. CONTACT FORM
3. EMERGENCY CONTACT FORM
4. HEALTH SCREENING FORM

Emergency Contact Name*

Emergency Contact Phone*

Emergency Contact Relationship*

SUBMIT

The next page requires you to complete some general health questions, please complete all fields and press the “Submit” button

Individual

Please complete the following forms.

1. HEALTH GOVERNMENT STATEMENT
2. CONTACT FORM
3. EMERGENCY CONTACT FORM
4. HEALTH SCREENING FORM

Has your doctor ever said that you have a heart condition?*

Do you have any family history of heart disease, stroke, or high blood pressure?*

Do suffer from any bone/joint problems that you are having or have had treatment for that could suffer from participation in physical activity?*

Do you ever lose consciousness or suffer from dizziness?*

Are you currently on any prescribed medication?*

Do you suffer from breathlessness from doing little or no exercise?*

Do you suffer from Asthma/Bronchitis?*

Are you currently pregnant or have you just given birth?*

Do you have a bone, joint or muscular problem?*

Please could you outline any present or previous activity levels, how often you do/did exercise and what type of exercise it was.*

Can you think of any other reason why you should not do physical activity?*

SUBMIT

Once you press the submit button you will be returned to the Forms and Waivers page, if you have successfully completed all your forms you will see a green bar to confirm and the status next to your name will say “Complete”

Memberships

Dashboard
My Account
Memberships
Forms and Waivers

✔ Thanks for completing all required forms!
✕

Welcome **tttest adult2** [Log out]

tttest adult2

Complete