



Atherton Mountaineers Masters Swimming Inc.



Training Screening Form

This data is both important and sensitive. The form and associated data will be used only to inform the Atherton Mountaineer Masters Swimming Club coach/es.

Name:	
Date of Birth:	
Gender:	Male / Female
Training Goal(s):	
Medical Conditions:	Do you have Diabetes (yes/no)? Do you have Asthma (yes/no)? Do you have a Heart Condition (yes/no)? Do you have Epilepsy (yes/no)? Do you have other conditions that may affect training (yes/no)? Details: Have you had a medical clearance to exercise (yes/no)?
Contact Details	Phone: Fax: Email:
Emergency Contact Details	Name: Contact Phone Number(s): Doctor's name and contact details:

Please consider contacting your family doctor prior to commencement of an exercise programme to review any limitations you may have.

Please acknowledge that you have read and understand the Safety in Activity and the Declaration on the Masters Swimming Membership Registration form

Signature: _____ Date: / /
