

## Aylesbury Vale Volleyball Club ParQ

<b>NAME:</b>	<b>DATE OF BIRTH:</b>	<b>AGE</b>
<b>ADDRESS:</b>		
	<b>POST CODE:</b>	
<b>MOBILE:</b>		
<b>EMAIL (PLEASE PRINT CLEARLY)</b>		
<b>NAME OF EMERGENCY CONTACT:</b>		
<b>EMERGENCY CONTACTS NUMBER:</b>	<b>RELATIONSHIP (SPOUSE, PARENT ETC)</b>	

### How did you hear about Vale Volleyball Club?

Please the following questions to the best of your ability/knowledge:

Yes	No	
		Have you or any family member a history of heart disease, stoke, raised cholesterol, high blood pressure dizziness or fainting?
		Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
		Do you feel pain in your chest when do physical activity?
		Do you feel any pain in your chest when you are not doing physical activity?
		Do you have a history of bone or joint problems?
		Is your doctor currently prescribing drugs (water pills, for example) for your blood pressure or heart condition?
		Have you had or are you currently undergoing any orthopaedic therapy or physiotherapy?
		Do you know of any reason why you should not do physical activity?

	Are you pregnant or had a baby within the last three months?
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At Aylesbury Vale Volleyball Club, we will make every effort to ensure your safety. However, as with any exercise program, there are risks, including increased heart stress and the chance of musculoskeletal injuries. By participating, you agree that, to your knowledge, you have no limiting physical conditions or disability that would preclude any of the activities and/or exercises.

A physician's examination is recommended for all participants with any exercise restrictions, including heart problems, high blood pressure, chest pain dizziness, relevant surgeries, diabetes, asthma, epilepsy, arthritis, or significant injury to any part of the body

By signing below, you accept **FULL RESPONSIBILITY** for your own health and well-being and you acknowledge an understanding that no responsibility or liability is assumed by Aylesbury Vale Volleyball Club now or in the future for conditions that may result from playing volleyball.

*I hereby affirm that I have read and fully understand the above statements and I have answered honestly to all the questions. I understand that I should not exercise if I do not feel well and I must inform a representative of Aylesbury Vale Volleyball Club of any changes to my health or well being. I am participating of my own free will.*

\_\_\_\_\_

Signature

\_\_\_\_\_

Today's Date

### MEMBERSHIP OPTIONS

A) I WISH TO JOIN AYLESBURY VALE VOLLEYBALL CLUB AS A MEMBER AND WILL PAY FOR MY ANNUAL MEMBERSHIP FEES IN:

A SINGLE PAYMENT OF £200

TWO PAYMENTS OF £100 EACH (ONE PAYMENT NOW AND ONE IN SIX MONTHS)

KINDLY MAKE ALL CHEQUES PAYABLE TO 'AYLESBURY VALE VOLLEYBALL CLUB'. ALTERNATELY, YOU MAY PAY VIA ONLINE BANKING. PLEASE CONTACT US FOR OUR BANKING DETAILS.

B) I UNDERSTAND SHOULD I NOT WISH TO JOIN AYLESBURY VALE VOLLEYBALL CLUB AS A MEMBER, I MAY ATTEND A **MAXIMUM OF TWO DROP-IN TRAINING SESSIONS PER ANNUM** AS A GUEST. GUEST FEES ARE £7 PER SESSION.

£7 PAID FOR SESSION #1 \_\_\_\_/\_\_\_\_/\_\_\_\_(DATE)

£7 PAID FOR SESSION #2 \_\_\_\_/\_\_\_\_/\_\_\_\_(DATE)