

Gym For All

This Programme aims to facilitate people with an intellectual disability achieve their own individual fitness goals and maintain an active lifestyle through health & fitness.

This programme consists of a 45min workout where individuals will participate in all sorts of fun activities including:

- Circuits in our exclusive wellness studio
- Aqua aerobics in the pool



Time:
Saturdays
1pm - 1.45pm

DCU Sport,
Creating Purpose through
People and Programmes
DCU Sports Complex:
01 7005797
www.dcu.ie/dcusport/

- Participants must be in appropriate gym gear.
- Please bring swimming gear & Gym Gear with you .
- All Participants must sign in at reception
- All participants must complete a health screening form at reception.
- Management reserves the right to merge or withdraw classes from the timetable

Price €5 per class - Pay at reception

Health Screening Form

Name: _____ M/F: _____ Phone No: _____

Membership Type: _____

Emergency Contact Name & No: _____

D.O.B. _____ Age: _____ E-mail: _____

Please tick as Appropriate:

| | Yes | No |
|--|-------|-------|
| Do you suffer from any illnesses or injuries? If so they are _____ | _____ | _____ |
| Are you presently taking any medication? If so they are _____ | _____ | _____ |
| Are you now or have you been pregnant in the last 12 months? | | _____ |
| Do you now or have you ever suffered from any of the following? (Please tick as appropriate) | | _____ |
| Any Heart Conditions or Family History of Heart Disease | _____ | _____ |
| High Blood Pressure | _____ | _____ |
| High Blood Cholesterol | _____ | _____ |
| Asthma | _____ | _____ |
| Dizziness or Fainting | _____ | _____ |
| Epilepsy | _____ | _____ |
| Diabetes | _____ | _____ |
| Muscle, joint or back disorder | _____ | _____ |
| Recent Surgery | _____ | _____ |
| Do you smoke? | _____ | _____ |
| Lung Problems | _____ | _____ |
| Do you have any other medical problems, which may affect your ability to exercise? If so, please state below. | | |

When was your last medical check up? _____

Have you trained in a gym before? if yes, when was the last time? _____

If you have ticked yes to any of the above, or if an instructor believes it necessary, we may require you to supply a medical clearance certificate, before commencing exercise.

Informed Consent

I fully understand the strenuous nature of the programme and the risks associated with physical exercise. I accept responsibility for my health and well-being in the voluntary exercise programme and related tests and understand that no responsibility is assumed by the leaders of the programme / the instructors of University Sports Complex arising out of any accident, injury or loss sustained by me as a result of activities at or present in University Sports Complex.

Client's Signature: _____ Date: _____

Instructors Signature: _____