

WREXHAM TENNIS CENTRE



HEART PUMPING FITNESS



Tel: 01978 265260
www.nwrtec.co.uk

**ONLY £6.00
PER SESSION***

*£6.00 for Advantage
customers, otherwise
£7.00 per session

**Weekly sessions 7-8pm every Sunday evening,
starting on Sunday 29th January**

**Book your place up to 14 days in advance.
Maximum of 8 spaces available per session.**

PLEASE COMPLETE THIS BOOKLET PRIOR TO ATTENDING



Cardio Tennis Readiness Questionnaire

ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

Forename: _____ **Surname:** _____

		Please choose	
1	Has your doctor ever said that you have heart trouble?	YES	NO
2	Do you ever have pains in your heart or chest?	YES	NO
3	Do you ever feel faint or have spells of dizziness?	YES	NO
4	Do you have any bone, joint or neurological problems that could be made worse by exercise?	YES	NO
5	Have you ever been told that you have high blood pressure?	YES	NO
6	Are you taking any prescription medications, such as those for heart problems, high blood pressure, high cholesterol, diabetes or asthma?	YES	NO
7	If female, are you pregnant or have you had a baby in the last 6 months?	YES	NO
8	Do you have any other medical conditions that we should be aware of? If yes, please explain _____	YES	NO
9	Has anyone you are related to died of a heart problem under the age of 50? _____	YES	NO

IF YOU HAVE ANSWERED YES TO ONE OR MORE QUESTIONS

Please ask your doctor to complete the Doctor's Medical Form overleaf and return it to your Cardio Tennis coach prior to participating in Cardio Tennis.

IF YOU HAVE ANSWERED NO TO ALL QUESTIONS

You do not need to ask your doctor to complete the Doctor's Medical Form prior to participating in Cardio Tennis. However, you are recommended to begin slowly and build up gradually.

PLEASE NOTE

If your health changes subsequently so that you answer YES to any of the above questions, you should inform your Cardio Tennis coach immediately.



Doctor's Medical Form

I have applied to participate in Cardio Tennis sessions at Wrexham Tennis Centre.

Cardio Tennis takes place on a tennis court and is run by a qualified tennis coach. The main purpose of the session is to provide participants with an enjoyable work out. Participants consistently elevate their heart rates into their aerobic training zone and experience short cycles of high intensity workouts and periods of rest, almost like interval training. It is highly recommended that all participants wear a Heart Rate Monitor during Cardio Tennis.

As I have answered 'Yes' to one or more questions on the page opposite, Wrexham Tennis Centre would like you to complete this form to help with their screening procedures. Please feel free to contact them (contact details below) if you would like to discuss this request.

Thank you for your help.

Tennis Manager: Adrian Jones
Address: c/o Wrexham Tennis Centre, Plas Coch Road, Wrexham. LL11 2BW
Tel: 01978 265260
Email: adrian.jones@nwrtc.co.uk

Patient's Name: First: Last:

Doctor's name: Telephone number:

Doctor's Address:
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Is there any reason why this patient should not fully participate in Cardio Tennis?
YES NO

If yes, please specify your recommendations

Doctor's Signature: _____ Date: _____



Informed Consent Form

I wish to participate in Cardio Tennis. In return for the Coach and Wrexham Tennis Centre (the "Club") accepting me as a participant in Cardio Tennis, I represent and confirm as follows:

1. As required for participation in Cardio Tennis, I have completed a Cardio Tennis Readiness Questionnaire and have, where required, submitted a Doctor's Medical Form and any additional medical tests and/or forms to the Coach.
2. I understand the nature and the purpose of Cardio Tennis and I am aware that any strenuous physical activity involves certain risks. I assume the risk of any and all accidents or injuries of any kind which may be sustained by me by reason of, or in connection with, my participation in Cardio Tennis. I release, discharge and absolve the Coach and the Club and each of their officers, directors, employees and agents from any and all liability or responsibility for any such accident or injury except to the extent that such accident or injury is caused by or results from any negligent act or omission of the Coach or the Club or any of their officers, directors, employees and/or agents. This release shall be binding upon my heirs, executors, administrators and assigns.
3. While participating in Cardio Tennis, I agree to abide by the Coach's instructions at all times.
4. I understand that the Coach and/or the Club may from time to time use statistical, medical or other data obtained during the course of the Cardio Tennis programme for professional purposes only (names will be undisclosed and kept confidential) and I hereby consent to such use of my personal data.

I have read and understand this form and consent to its terms. I hereby sign voluntarily and with full knowledge of its significance.

Name: _____ **Signature:** _____