



## ROCHDALE RUGBY UNION FOOTBALL CLUB GYM INDUCTION FORM

FIRST NAME		MIDDLE NAME		SURNAME	
GENDER				DATE OF BIRTH	
EMAIL ADDRESS			MOBILE NUMBER		
DATA PROTECTION : ARE YOU HAPPY FOR US TO KEEP THIS INFORMATION			YES / NO		
HOME ADDRESS					
POSTCODE					
EMERGENCY CONTACT					
1. First Contact			TELEPHONE		
2. Second Contact			TELEPHONE		
ARE YOU UNDER 18	YES / NO		ARE YOU A FULL PLAYING MEMBER OF RRUFC	YES / NO	
HAVE YOU READ AND WILL ABIDE BY THE GYM RULES				YES / NO	
HAVE YOU READ AND UNDERSTOOD THE RISK ASSESSMENT FOR USE OF THE GYM				YES / NO	
HAVE YOU BEEN INDUCTED AND DO YOU UNDERSTAND THE DANGERS OF LIFTING WEIGHTS				YES / NO	
HAVE YOU SIGNED THE WAVER OF LIABILITY FORM				YES/ NO	
HEALTH STATEMENT:					
<b>IMPORTANT NOTE:</b> All responses given under this section are for sole purpose of fulfilling our legal obligations in regard to your health and safety and that of others training in the gym. The information will not be used for any other purpose.					
Do you suffer from a medical condition that may affect your ability to use the gym and its equipment and compromise your health and safety and/or that of others?				ANSWER YES OR NO	
If Yes, please provide details:					
Are you currently taking medication that may affect your ability to train in the gym?				ANSWER YES OR NO	
If Yes, please provide details:					
TO BE SIGNED BY MEMBER					
NAME:					
SIGNED:					
DATE:					
TO BE SIGNED BY GUARDIAN IF UNDER 18					
NAME:					
SIGNED:					
DATE:					
TO BE SIGNED BY QUALIFIED INDUCTOR					
NAME:					
SIGNED:					
DATE:					
Under Data Protection I confirm that information provided above is correct to the best of my belief. I also acknowledge that I have been fully informed about the purpose of providing this personal information and I hereby consent to this information being used for the purposes referred to on this form and any other purpose that is permitted by the applicable law.					