



Admission Form

Date: _____ Name: _____ Contact Number: _____

Age: _____ Date of Birth: _____ Address: _____

Father's Name/Husband Name: _____

Emergency Contact Number: _____ Blood Group: _____

Preferable Exercise Time: Morning/Afternoon/Evening, Time _____

Undertaking

_____ resident of _____

_____ hereby confirm my consent and undertaking:

1. That I will follow all the rules and regulations of the DP Active Fitness Lounge and shall be bound by the same.
2. That I have joined the Fitness Center upon my own will and shall be liable for any risk and other consequences arising out of it.
3. That before joining the Fitness Center, I have consulted with my physician and has his consent for my joining the health club.
4. That I shall be accountable for it, if there are any adverse consequences due to any chronic or acute disease, any previous or new injury while doing the exercise or due to wrong exercise, the Fitness Center is not liable for the same.

Name: _____ Signature: _____ Date: _____



Gym Information

DP Active Fitness Lounge Rules

1. Make sure you are wearing appropriate clothing and footwear, i.e., comfortable, breathable, not too baggy. Please no jeans, buttoned shirts, smart/casual shoes etc. (you may be asked to change or leave if you are not in appropriately dressed).
2. Food and beverage are not permitted in the fitness center and yoga room (group exercise studio).
3. Smoking is strictly prohibited in the DP Active Fitness Lounge.
4. Do not use the fitness center while under the influence of alcohol, narcotics, or other drugs that cause sleepiness, drowsiness or raise or lower BP.
5. No minor will be allowed to use the fitness center without written consent of the guardian. The guardian must be present with the minor in the fitness center during the use of the facility and will be fully responsible for the minor.
6. The Management and its associates are not responsible for any injuries or accident that may occur to anyone while using the DP Active Fitness Lounge.
7. Member are advised not to bring any valuables to the fitness center. Management will not be responsible nor liable for any loss, damage, or theft.
8. Members are requested to respect the rights of the other users and refrain from shouting, using foul language.

General rules of use

1. If in doubt on how to use any machinery or perform any exercise, please ask a member of the gym team.
2. Tidy up any equipment you have used (re-rack weights, put other equipment Please ask the Fitness professional from the gym team).
3. Please bring your own towel to wipe down equipment after use (wipes are available around the Gym).
4. Make sure to regularly wash your gym clothing.
5. Please stand away from the dumbbell racks when performing an exercise so you don't block someone else from being able to reach other dumbbells nearby.
6. Please be mindful of your phone use while using equipment. Too long time spend on using your phone may result in you having to share the equipment/vacate for someone else.
7. Do not be offended if a member of the gym team offers advice while you are exercising this is just to ensure you do not injure yourself.
8. Please re-rack weights and strip the bar of all plates after use.
9. Please do not unnecessarily drop weights.
10. Be courteous to others.
11. Please mind your belongings.
12. Please wear deodorant.

Safety

1. Please do not be bare foot in the gym at any time.
2. Find your own space to workout in (if an area is too crowded, don't squeeze into someone else's personal bubble).
3. Make sure to use proper technique when performing an exercise (if you are unsure, please ask the Fitness Professional from Gym team).

Name: _____ Signature: _____ Date: _____

2022 PAR-Q +

The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular activity are clear; more people should engage in physical activity everyday of the week. Participating in physical activity is very safe for most people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor or a qualified exercise professional before becoming more physically active.

If you are less than the legal age required for consent or require the consent of a care provider, your parent, guardian, or care provider may complete this form on your behalf.

Please note you should delay becoming more active if you have temporary illness (such as cold or fever). It is best to wait until you feel better.

1. Has your doctor every said that you have a heart condition or blood pressure?

Yes

No

2. Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?

Yes

No

3. Do you lose your balance because of dizziness, OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over – breathing (including during vigorous exercise)

Yes

No

4. Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?

Yes

No

PLEASE LIST CONDITIONS HERE _____

5. Are you currently taking prescribed medications for a chronic medical condition?

Yes

No

PLEASE LIST CONDITIONS (S) AND MEDICATIONS HERE: _____

6. Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active.

Yes

No

PLEASE LIST CONSTION(S) HERE: _____

7. Has your doctor ever said that you should only do medically supervised physical activity?

Yes

No

I understand that I have been advised to get a physician's approval before I begin my exercise program at Delhi Police Head Quarters DP ACTIVE FITNESS CENTER 11th Floor, Tower- I, Jai Singh Marg, Ashoka Road Connaught Place, New Delhi - 110001 Due to my own reasons, I wish to start exercising at the club without a physician's approval and will get the same on my own later. Neither I, nor anyone claiming in my name will hold the company, or its employees or agent responsible for any death, personal injury or illness occurring within the Fitness Centers premises, or as a result of the use of the facilities and/or equipment provided by the Fitness Center.

I have read and acknowledge the acceptance of the above statement

Name: _____ Signature: _____ Date: _____