



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

Your Patient has applied to participate in Cardio Tennis sessions.

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

We would like you to complete this form to help us with our screening procedures. Please feel free to contact us (contact details below) if you would like to discuss this request. Thank you for your help.

Name of Cardio Tennis coach: Matthew Cowie
Address: Old College LTCC, SE21 7AB
Tel: 07838251866
Email: matt@coachcowie.com

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 Matthew Cowie (the "Coach") and Old College LTCC (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. As I am aged under-18, I have shown this form to my parents/guardian and asked them to sign below to consent to my participation in Cardio Tennis.

Name: _____ **Signature:** _____

I hereby give consent for to take part in Cardio Tennis.

Name of Parent: _____ **Signature:** _____