



PRE-ACTIVITY READINESS QUESTIONNAIRE & DECLARATION

Please complete in full the below Questionnaire and Declaration along with your completed membership form or on your first visit as a non-member.

Full Name	<input type="text"/>	Date of Birth	<input type="text"/>
Postal Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Email	<input type="text"/>	Telephone #	<input type="text"/>
Emergency Contact	<input type="text"/>	ICE Tel #	<input type="text"/>

Section #1 - General Health Declaration

Has your doctor ever said you have a heart condition (such as coronary heart disease, congenital heart disease, or vascular disease)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you feel pain in your chest, shortness of breath or dizziness when you undertake physical activity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
In the past month have you had chest pain when you are not doing physical exercise?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you lose balance because of dizziness or do you ever lose consciousness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is your doctor currently prescribing drugs for a blood pressure or heart condition or do you take any medication that may affect you when taking part in physical exertion?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you pregnant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you suffer from epilepsy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you suffer from diabetes mellitus and need to take insulin?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you suffered from a significant joint, muscle or bone injury or had a viral infection in the last three weeks?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you know of any other reason that may affect your ability to take part in physical activity? If yes, please state what:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have answered 'No' to all questions in Section 1 you can be reasonably sure that you can safely engage in moderate to vigorous physical activity. If you have answered 'Yes' to one or more questions you should consult with your doctor before starting moderate/vigorous exercise.

If for any reason your personal fitness or health changes please inform TRIBal staff and complete a new Questionnaire / Declaration.

Section #2 - Swimming specific declaration

Are you able to competently swim a minimum of 400m in a swimming pool without swimming aids and without stopping other than to turn at the wall?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a confident swimmer in deep water?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you able to tread water for a minimum of 1 minute?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever taken part in Open Water Swimming Activities or events before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



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At TRiBal Triathlon we take your health and safety seriously. We wish to highlight that open water swimming can be a potentially hazardous physical activity and could, if not approached with due care and consideration, lead to the risk of injury, illness and even death in exceptional circumstances.

- I agree that TRiBal Triathlon are not responsible or liable for any injuries or damages resulting from my participation. I have read the lake rules, terms and conditions and agree to follow them.
- I agree to swim at my own risk and understand the dangers associated with Open Water Swimming with the potential for serious personal injury and property loss.
- I agree that I will swim in the designated swim areas and in a way that is safe and doesn't interfere with other swimmers. I will swim only during opening times stipulated and when the lake is deemed safe to swim by TRiBal Triathlon.
- I certify that I am physically fit, have no pre-existing medical conditions that would affect me swimming outdoors and have completed the health Questionnaire and Swim declaration. I will alert TRiBal Triathlon if my personal health and/or fitness status changes.

The answers provided above are accurate and truthful to the best of my knowledge and I do not believe there is any reason I should not take part in the physical activities involved.

Signature	<input type="text"/>	Date	<input type="text"/>
For persons under the age of 18yrs this form must be signed by a parent or legal guardian...			
Parent / Guardian Name	<input type="text"/>	Contact telephone #	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

For Official Use Only...

<input type="checkbox"/>	I have checked the Health Questionnaire and Swim Declaration and based on the information they have provided and my assessment		
<input type="checkbox"/>	I agree to the above named swimmer, swimming at Vobster Quay	TRIBal Membership No. # <input type="text"/>	
<input type="checkbox"/>	I do not agree to the above named swimmer, without them providing suitable evidence that they are in good health and / or are competent to swim		
Name	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>	Position	<input type="text"/>