



Hawthorn Weightlifting Club

A section of the
Hawthorn Citizens' Youth Club Incorporated

Affiliated with the Victorian Association of Youth in Communities
Registered with the Victorian Weightlifting Association Incorporated

ABN 64 900 265 643
P.O. Box 138, Hawthorn Victoria 3122
Phone 0438 323 410 or 0402 638 689
Email: info@hawthornweightlifting.com



Hawthorn Weightlifting Club trial application

Name _____ Mob. Number _____

Gender _____ Email _____ Age _____ Approx. height/weight: _____

Previous sporting history (including level previous sport played at, and gym experience):

Please circle your response to this question

1. Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke? Yes
No
2. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? Yes
No
3. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? Yes No
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? Yes No
5. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months? Yes No
6. Do you have any muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise? Yes No

If yes, please provide details: _____

7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise? Yes No
8. Do you have a family history of heart disease (stroke, heart attack etc): Yes No
9. Have you ever been told that you have high blood pressure, cholesterol, or high blood sugar? Yes No

What are your reasons for wanting to join Hawthorn Weightlifting Club?

Do you have any current/previous injuries? Include surgeries and niggles (sore knees, back etc).
