

Age UK Wiltshire Fitness & Friendship Registration Form

Club name:

Name:

Address:

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Postcode: Email:

Contact number: Date of Birth:

EMERGENCY CONTACT:

Name: Contact number:

Relationship to you:

The F&F Clubs are designed to enable you to take part within your own limitations and at your own pace but speak to your GP if you have any concerns about exercising.

Please read each question carefully and answer honestly by indicating YES or NO (please tick the box that applies).

All information will be treated confidentially.

	YES	NO
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month have you had chest pain when you were <u>not</u> doing physical activity?		
Do you lose balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing medication for your blood pressure or heart condition?		
Do you experience memory loss or other mental health changes		
Do you know of any other reason why you should not participate in physical activity? If YES, please comment:		
Have you fallen in the previous 6 months?		

Do you have any of the following health conditions (tick all that apply):

COPD Parkinson's Stroke Epilepsy Diabetes

Other (Please give details below)

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Your health and wellbeing are very important to us.

If you have answered YES to one or more of the questions and are worried about whether you should participate, please speak to your GP first.

When you do join a club, it is important that you start slowly, build up gradually and stop if you feel any pain or discomfort.

If you have been unwell due to a temporary illness such as a cold, flu or fever, when you return to the club, take things at a slower pace until you have rebuilt your strength & stamina.

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury. I understand that any changes to my health must be reported to the instructor.

SIGNATURE:

PRINT NAME:

DATE:

Consent Form

How we handle your information

To help you, we need your permission to store your information. Everything you tell us will be treated confidentially, we will not pass on or sell your details for marketing purposes. We may write to you with information about our services and activities if we think this could be of interest. If you do not want us to record your details then please do not complete this form, however this may limit the help that we can provide. Full details are in our Privacy Policy which is available on our website or on request.

Please tick the boxes next to the statements you consent to. You can change your preferences at any time, just let us know.

Using and storing your data

- We will securely record your personal information, which may include health, gender and ethnicity, which we share with our partner organisations in order to deliver our services. Do you agree to this?

Evaluating our services

- The information we record about you is occasionally looked at by Age UK auditors, to assess the quality of our services. Is this okay?
- We sometimes send out questionnaires to help us develop and improve our services. Would you be happy to participate in this?
- Case studies describe the difference Age UK Wiltshire has made to someone's life. Would you be happy to share your story to help raise the profile of the work that Age UK Wiltshire does? This will not be shared without further discussion with you.

Keeping in touch with you

- We would like to email you occasionally with details of the work we do, our fundraising appeals and opportunities to support us. Is this okay?

Email.....

Talking to others on your behalf

You can give permission for another person(s) or organisation(s) to speak to Age UK Wiltshire on your behalf by providing their details below. This will allow us to share your information with this person or organisation.

Name

Relationship

Telephone

Name..... Postcode.....

Signed..... Date.....