

Fitness & Friendship Registration Form

Club name:

Name:

Address:

.....

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 ticking YES or NO.

| | YES | NO |
|--|-----|----|
| <p>Do you have any long-term health conditions, impairments or illnesses that have a substantial effect on your ability to do normal daily activities?</p> <p>This could include, for example, physical, sensory, learning, social, behavioural, or mental health conditions or impairments. Long-term means that they have lasted, or are expected to last, 12 months or more.</p> <p>If yes, name of condition, impairment or illness:</p> | | |
| 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 last six months? | | |

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.

| | | | |
|--------------------------------------|---------------|--------------|--------------|
| How did you find out about our club? | | | |
| Club member | Family member | Local advert | Social media |
| Other (please specify) | | | |

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.

Using and storing your data

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. 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.





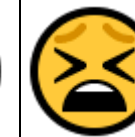
We will securely record your personal information, which may include health, gender and ethnicity. We collate and share this information anonymously, with our funders in order to demonstrate the value of our service.

SIGNATURE:

PRINT NAME: **DATE:**

Wellbeing Score Card

As a member of an Age UK Wiltshire Fitness & Friendship Club it is important that we capture the difference attending a club makes to you. We do this by asking you to complete the following simple questionnaire (there are no right or wrong answers) and we will then ask you to repeat the exercise in a few months' time. Comparing the results will highlight if we need to make any changes or improvements to the club overall and/or to the support given to you.

| |  |  |  |  |  | |
|--|---|---|---|--|---|--|
| | 5 | 4 | 3 | 2 | 1 | |
| How do you feel? | All of the time | Most of the time | ½ and ½ | Some of the time | None of the time | |
| General Wellbeing Content with life | | | | | | |
| Connectedness Connected and supported by the people around me | | | | | | |
| Independent Able to manage | | | | | | |
| Choice & Control Able to make my own decisions | | | | | | |
| Resilience Determined to overcome any difficulties | | | | | | |
| | | | | | | |
| Clothing How well do your clothes fit – too tight? too loose? just right? | | | | | | |
| Confidence to participate. How confident do you feel to be able to do the F&F exercises? | | | | | | |
| Walking/exercising How many minutes could you walk or exercise before you need to rest? (circle) | 30+ Minutes | 25 Minutes | 20 Minutes | 15 Minutes | 10 Minutes | |