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| **Name:** | | | **Date of birth:** |
| **Address:**  **Post code:** | | | **Emergency contact details: name/telephone/mobile number:** |
| **Contact email/mobile:** | | |
| **Do you have a disability, No Yes (if yes, please state;)** | | | |
| 1. **Physical Activity Readiness Questionnaire (PAR-Q)**   **The questions will show if you need to see a doctor before exercise** | | | **If you answered YES to One or More questions in Q1:**  You may need to talk with your doctor about the PAR-Q before you start. Please remember:   * C:\Documents and Settings\User\Local Settings\Temporary Internet Files\Content.IE5\CPCK01H7\MC900432537[1].pngStart slowly * Stick to activities that are safe for you * Get doctor’s stamp   Doctors Name  Doctors signature  Stamp |
| Has your doctor ever said that you have a heart condition? Please specify: | **Yes** | **No** |
| Do you feel pain in your chest when you exercise? | **Yes** | **No** |
| In the past month, have you had chest pain when you were not doing exercise? | **Yes** | **No** |
| Do you lose your balance feeling dizzy? | **Yes** | **No** |
| Do you have a bone problem that could be made worse by exercise? Please specify: | **Yes** | **No** |
| Is your doctor currently prescribing you any medication? Please specify: | **Yes** | **No** |
| Do you know of any other reasons why you should not exercise? | **Yes** | **No** |
| Has your Doctor given you medical clearance to participate in exercise? | **Yes** | **No** | **If you answered NO to all the questions Q1:**  This means that the PAR-Q is all clear. You can take part in our exercise.   * C:\Documents and Settings\User\Local Settings\Temporary Internet Files\Content.IE5\4943W27C\MC900434713[1].wmfGradually increase intensity * Rest and recover * Eat a balanced diet |
| **Do you have any support needs? Please specify:** | | |
| **Do you need any information/advice on any of the following issues? Tick any that apply**  Smoking cessation Alcohol reduction Healthy eating  On-going physical activity Mental health and well-being | | |

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| **Ethnicity:**  **White: English, Welsh, Scottish, British, Northern Irish Irish Gypsy or Irish Traveller Other white background** | **Employment status, please state:** |
| **Black/ African/ Caribbean/ Black UK: African Caribbean**  **Other Black/ African/ Caribbean background** | **Gender:**  **Male Female Other (please state)** |
| **Mixed/ Multiple ethic group:** **White and Black Caribbean**  **White and Black African White and Asian**  **Other Mixed background** | **Sexuality:**  **Heterosexual Gay woman/Lesbian Gay man Bisexual Prefer not to say Other (please state)** |
| **Other ethnic group: Arab**  **Other Ethnic background Asian/ Asian UK** | **Faith/Religion/Belief:**  **No religion or belief Christian Buddhist Hindu Jewish Muslim Sikh Prefer not to say**  **Other (please state)** |
| **Asian/ Asian UK: Indian Pakistani Bangladeshi**  **Chinese Other Asian background** |

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| **Disclaimer**  **PLEASE NOTE: Under no circumstances should participants attend if they are symptomatic or showing any signs of COVID-19 or are in contact with people who are and/or in the “extremely vulnerable” or “shielding” category. Anyone found to do so will be asked to leave immediately. I……………………………….. confirm that I am not symptomatic of COVID-19 and to my knowledge I have not been in contact with anyone who is symptomatic or been diagnosed with Covid-19 in the past 14 days.**  We at Healthiness Ltd are here to keep you safe and make sure you use equipment correctly. It is your responsibility to listen to instructions from staff for your own safety.  I …………………………. **hereby release** **Healthiness Ltd and my Medical Practitioner/Care Team**from all claims, demands, damages and rights of action. I also assume full responsibility for any injuries or damages which may occur during the exercise classes. I will inform the Healthiness team of my medical condition. I will also tell Healthiness about any medication I am taking and any medical problem that I may have.    Signature of Client  ..………………………………………………………………… Date …/....…/……  Signature of Witness  ..………………………………………………………………………   Date ……/....…/…… |