

# HORSHAM GREEN GYM REGISTRATION FORM



Please write clearly in **BLOCK CAPITALS**

## Volunteer Information

Mr  Mrs  Miss  Ms

Forename

Surname

Date of Birth:

Address:

Postcode:

Contact Telephone

Contact Mobile

E-mail

## Emergency Contact

Mr  Mrs  Miss  Ms

Forename

Surname

Address:

Postcode:

Contact Telephone

Contact Mobile

Relationship to you

Where did you hear about the Horsham Green Gym?

Is there any work you may find difficult for health reasons?

Are you taking any medication that a First Aider or Doctor would need to be aware of?

Is there any information we may need to ensure your safety (e.g. colour blindness, hearing impairment, learning difficulties)?

**When working outdoors it is advisable to have protection against tetanus.**

## Volunteer declaration

- I agree to follow the leader's instructions and to inform them of any medical condition which might put me at risk when taking part in Horsham Green Gym.
- I understand that this information will be confidential and held by the scheme coordinators only in accordance with the Data Protection Act 1998. I agree to the information being stored electronically on a secure database.

Name:

Signed:

Date:

# PHYSICAL ACTIVITY READINESS QUESTIONNAIRE



If you have decided to increase the amount of physical activity in your life, start by answering the seven questions below. For most people, physical activity should not pose any problem or hazard but this questionnaire has been designed to identify the small number of people for whom it would be wise to have medical advice before starting.

Please return this form to the Green Gym leader and let him/her know, in writing, of any other conditions you feel they should be aware of.

1. Has your doctor ever said that you have a heart condition?  
YES  NO
2. Do you feel pain in the chest when you do physical activity?  
YES  NO
3. In the past month have you had a pain in your chest when you were not doing physical activity?  
YES  NO
4. Do you lose your balance because of dizziness or do you ever lose consciousness?  
YES  NO
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?  
YES  NO
6. Do you have diabetes?  
YES  NO
7. Do you have asthma?  
YES  NO

**Data Protection Act 1998** - The personal data on this form will only be used by Horsham Green Gym in order to provide its service to you and for project monitoring purposes.

I give my consent to Horsham Green Gym to process sensitive personal information about me in accordance with the Data Protection Act.

Name: . . . . .

Signature: . . . . . Date: . . . . .