**Personal details:**

|  |  |
| --- | --- |
| Full Name: | Age Range: 0-15 16-30 31-50 51-65 65+ |
| Home Address: | M / F(Optional) |
| Are you (please delete those non-applicable)MemberNon-MemberSeasonal WorkerVisitor | If Visitor when are you leaving the Islands? |
| Home phone: |
| Mobile phone: |
| Email address:I would like to be informed of any new services, promotions, changes or updates by email:Yes [ ] No [ ] |
| Emergency contacts: (At Least one emergency contact is needed for forms to be accepted)It is your responsibility to inform Active Scilly staff of any changes to your personal or emergency contact details, which may result in this form needing to be updated.**Primary**Name:Phone number:**Secondary (optional)**Name:Phone number: |

The information that you provide is private and confidential and will be kept electronically for 12 months, when it will need to be reviewed and updated if necessary. The information contained within this document must be kept up to date and so if any of your details change, it is your responsibility to inform us and amend your details or it will become invalid.

This physical readiness questionnaire is designed to help you help yourself. Many health benefits are associated with regular exercise and the completion of this questionnaire is a sensible first step.

For most people physical exercise should not pose a problem or hazard. This questionnaire is designed to identify the small number of people who may need support or medical advice before taking up exercise.

 **Health questions (Over 16):**

Please answer all questions with YES or NO.

|  |  |
| --- | --- |
| 1. Do you know of any reason why you should not exercise or increase your physical activity?
 | Yes / No |
| 1. Are you recovering from an illness, injury or operation?
 | Yes / No |
| 1. Are you pregnant?
 | Yes / No |
| 1. Are you aged over 60 and not used to being physically active?
 | Yes / No |
| 1. Do you suffer from asthma?
 | Yes / No |
| 1. Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
 | Yes / No |
| 1. Do you feel pain in your chest when you exercise?
 | Yes / No |
| 1. When not performing exercise, have you recently suffered chest pain?
 | Yes / No |
| 1. Do you ever lose consciousness or lose your balance due to dizziness?
 | Yes / No |
| 1. Do you have a bone or joint problem (for e.g. back, hip, knee) that could be made worse with physical activity or a change in intensity of physical activity?
 | Yes / No |
| 1. Are you currently on any medication for blood pressure or a heart condition?
 | Yes / No |
| 1. Do you have diabetes?
 | Yes / No |
| 1. If you have answered “yes” to question 12, do you have insulin dependent diabetes?
 | Yes / No |
| 1. Do you have atherosclerosis or arteriosclerosis? (Hardening and narrowing of the arteries)
 | Yes / No |
| 1. Do you suffer from bronchitis, epilepsy, hepatitis, hypertension, hypotension, meningitis, multiple sclerosis or thyroid issues?
 | Yes / No |
| 1. Do you suffer from any other ailment or injury that could affect your ability to perform physical activity and do you know of any other reason why you should not do physical activity?
 | Yes / No |

**If you answered:**

To one or more of the health questions you should talk with your doctor BEFORE you start becoming much more physically active or BEFORE you start being physically active for the first time. Tell your doctor about the PAR Q and the questions you answered “yes” to.

You may be able to do any activity you want, as long as you start slowly and build up gradually, or you may need to restrict your activities to those which are safe for you. Talk to your doctor about the kinds of activities you want to do and follow his/her advice.

**YES**

**NO**

If you answered NO honestly to all Par Q questions, you can be reasonably sure that you can:

* Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to proceed.
* Take part in a gym induction with a qualified gym instructor, this will offer you advice on the use of the machines and weights as well as safety information on the facility.

**Please note: if your health changes so that you answer “yes” to any of the above health questions, tell the receptionist or a gym trainer so that you can change your PAR Q**

**Junior Health/Consent Questions (Under 16) to be completed by parent/guardian**

|  |  |
| --- | --- |
| 1. Are there any medical conditions or recurring complaint which any Active Scilly staff should be aware of e.g. asthma, eczema, hay fever, epilepsy, diabetes, allergies including anaphylaxis, additional needs etc.?
 | Yes / No |
| 1. If “Yes” to the above please state which medical conditions:
 |
| 1. Does your child have 1:1 support during the school day? (This may need to be considered when children are accessing Active Scilly Activities or swimming lessons)
 | Yes / No |
| 1. I agree to qualified staff giving or seeking medical treatment or advice(You must give consent if you wish qualified staff to administer first aid or prescribed medication. In circumstances where unexpected attention is required you will be informed as soon as possible)
 | Yes / No |
| 1. I agree to my child(ren)’s image being taken when they are involved in Active Scilly activities; I agree to those images being used responsibly for marketing, publicity and funding purposes.
 | Yes / No |

* I hereby agree that in the event of my child being returned early from the activity due to poor behavior any costs incurred will be paid in full by myself.

**Privacy notice:**

The Information you provide on any Active Scilly form is private and confidential, and will be used to help us to keep you safe while attending our facilities or using our services, to ensure you are charged appropriately and to help us plan service delivery. Forms will be held securely at our premises and/or on our electronic network for a period of up to 12 months after completion, when it will need to be reviewed and updated if necessary. Information will not be transferred outside of the EEA or used for marketing purposes. We will not share information with any other organization unless required to do so by law. Please ask if you would like to see our full privacy notice.

 I understand the above privacy notice and agree to the details on this form being held for the purposes stated above.

 I h I Have read, understood and answered honestly the questions on the previous pages. I wish to participate in activities which may include aerobic, resistance, strengthening and stretching. I realise that my participation in these activities involves risk of injury and I agree to bear this risk.

 I I will not participate in physical training if I or anyone in my household is displaying Symptoms of Covid-19

The Council of the Isles of Scilly must as far as is reasonably practicable must keep users safe from harm, to that end we reserve the right to refuse or limit access if it is in the users best interests. Nothing in this agreement shall limit or exclude the liability of either party for death or personal injury resulting from negligence.

**Risk assessments:**
Risk assessments have been developed for all facilities and all activities, if you would like to view these please ask a member of staff. All lifeguards, swim teachers, and Active Scilly staff have the required safety checks in place, have suitable training and are first aid trained.

* I undertake to inform a member of staff of any changes in the information provided on this form.
* I understand that in the event of illness or an emergency situation the “emergency contacts” will be contacted in the order that they appear on the Active Scilly registration Form.
* I acknowledge the need for obedience and responsible behavior in all Active Scilly activities.

Signature of user: Print name: Date:

Signature of Guardian (If under 16): Print name: Date:

**OFFICE USE ONLY**

Amount paid: £

Cash/Card/Cheque

What was payment for?

Signed: Print: Date:

To be filled out by staff member who **receives this form:**

I have checked this form and it has been fully completed

Signed: Print: Date:

To be filled out by the administrator who **scans and enters this form on to the system:**

Signed: Print: Date