

Bicester 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:

Relationship to you

Contact Telephone

Contact Mobile

Where did you hear about the Bicester Green Gym?

Do you consent to your image appearing in publicity, newspaper or website articles produced by Green Gym? Y / N

Do you have a recent CRB or First Aid certificate (dated within the past 3 years)? Y / N
If so, please attach a copy.

(Optional) What are your reasons for joining Green Gym and what would you like to achieve?

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 the Bicester Green Gym (*see overleaf*).
- I understand that this information will be confidential and held by the scheme co-ordinators 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

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If you have decided to increase the amount of physical activity in your life, start by answering the 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 them know of any other conditions you feel they should be aware of.

1. Has your doctor ever said that you have a heart condition? Y / N
2. Do you feel pain in your chest when you do physical activity? Y / N
3. In the past month have you had a pain in your chest when you were not doing physical activity? Y / N
4. Do you lose your balance because of dizziness or do you ever lose consciousness? Y / N
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Y / N
6. Do you have diabetes? Y / N
7. Do you have asthma? Y / N
8. Is there any work you may find difficult for health reasons? Y / N
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9. Are you taking any prescribed medication? Y / N
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10. Is there any information we may need to ensure your safety (e.g. colour blindness, hearing impairment, learning difficulties, allergies)? Y / N
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11. Name and contact details for your G.P.
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