

**Health Questionnaire**

FiiTBALL Physical activity readiness questionnaire (PARQ) and consent.

All information must be completed - please write clearly and in BLOCK CAPITALS.

It is important for your progress, safety and enjoyment that we have a good understanding of your current medical and physical status. Therefore, we ask all new participants to complete a health questionnaire. You will only need to complete this form once.  However, if your circumstances change from the details provided please let us know.  We may require you to resubmit your form.

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Pronouns** |  |
| **Contact Number** |  | **Age** |  |
| **Email Address** |  | **Postcode** |  |
| **Emergency Contact Name** |  | **Emergency Contact Number** |  |
| **Doctors Name** |  | **Surgery** |  |

**GDPR and Data consent**

In accordance with General Data Protection Regulations (GDPR), I confirm that your personal data will not be passed on or sold to any third party for marketing purposes.  All personal data is kept securely and remains strictly confidential.  At no point will any of your personal data be shared or passed on to any other individual, company, social media or online databases without your knowledge and prior written consent.

|  |  |  |
| --- | --- | --- |
| Please confirm that you are happy to receive communication from our company regarding our services. If you do not give consent, we will be unable to contact you. | **Yes** | **No** |

**Participation Consent**

|  |  |  |
| --- | --- | --- |
| I confirm that I am 18 years of age or over and would like to take part in FiiTBALL training with the aim of improving my fitness, strength, flexibility and range of motion.  I understand that cardiovascular activities such as Body Workout, circuit training and football drills place an increasing workload on the heart and lungs to help improve their efficiency. I understand that I am responsible for monitoring myself throughout the class. Should any unusual symptoms occur, I should stop and let the instructor/coach know immediately. I understand that there is always a risk of injury when we exercise and the risk of my participation. I release FiiTBALL and its Coaches/Instructors from any liability now, or in the future, for conditions that may be obtained from participation. | **Yes** | **No** |

**Medical Questionnaire**

|  |  |  |
| --- | --- | --- |
| Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by your doctor? | **Yes** | **No** |
| Do you feel pain in your chest when you perform physical activity? | **Yes** | **No** |
| In the past month, have you had chest pain when you were not performing any physical activity? | **Yes** | **No** |
| Do you lose your balance due to dizziness or do you ever lose consciousness? | **Yes** | **No** |
| You have a bone or joint problem that could be made worse by a change in your physical activity? | **Yes** | **No** |
| Is your doctor currently prescribing any medication for your blood pressure or for a heart condition? | **Yes** | **No** |
| Do you know any other reason why you should not engage in physical activity, such as any other condition, including pregnancy? | **Yes** | **No** |
| Are you on any medication? | **Yes** | **No** |
| Do you have any injuries / Illnesses that we should be aware of? | **Yes** | **No** |
| Are you pregnant? | **Yes** | **No** |
| Is there anything else that you feel we should know about that may affect your enjoyment of the sessions e.g. any difficulties with certain movements, anxiety etc? | **Yes** | **No** |
| I confirm that where any medical condition, discomfort or injury which may be affected by physical activity applies or becomes applicable at any time when I am participating in a class, I am responsible for checking with my doctor to ensure I am able to participate in this activity. | **Yes** | **No** |
| If you have answered YES to any of the above questions, please make a note of the details here including any adjustments we need to make to sessions. | | |

**Participant Declaration**

* I confirm that the information I have provided is accurate to the best of my knowledge and should this information change, I will inform FiiTBALL and its coaches/instructors as soon as possible.
* That no liability will be accepted for any loss of or damage to any personal belongings, which I may bring to training. Equally, liability is not accepted for loss of or damage to motor vehicles or contents and these are left at my own risk.
* I confirm that I have read and understood this form and give my full and informed consent for exercise participation.
* I confirm that I have read this form and I understand the nature of the exercise class(es) I plan to attend.

**Participant Name:……………………………………….. Participant Signature:………………………………**

**Coach / Instructor Signature………………………………………… Date:……………………………………..**