

Health Membership

Full Name:	
Address: Postcode:	Date of Birth:
	Ethnicity:
	Gender: M F
	Contact Number:
Email Address:	
Emergency Name:	Emergency contact number:
Are you registered as Disabled?	YES NO
Are you a resident of Metropolitan Housing?	YES NO
Are you a current member of Livewell?	If YES, MONTH and YEAR started:
Membership Type: ✓	FULL YEAR £50 FULL YEAR £25 (DLA, JSA, ESA, PENSION) Proof required Pay as you go £3 per class, £2 StadFit

In the past week, on how many days have you done a total of 30 min or more of physical activity, which was enough to raise your breathing rate? This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job'

Answer:

days

Your privacy

All information provided by you will be treated in accordance with the Data Protection Act 1998. It will be used for managing your Everybody Active membership and according to the communication channels you have opted in to receive, we will inform you of DCCT services/activities, inform you about our trusted partner, Livewell's services and we will use your information for reporting purposes within Derby County Community Trust. We will not share your information with any other organisations and it will not be used for any other purpose. You can review your preferences at any time by emailing community@dcct.co.uk

General Data Protection Regulation

Please consent to the below uses of your data; ✓

1. My above details to be added to Derby County Community Trusts database for membership management
2. My above details to be added to Derby County Community Trusts database for membership communication
3. Newsletters Session updates or notices Bootcamps and workshops Motivational SMS
4. Livewell to contact me regarding activities and sessions that may be of interest
5. My name to be recorded for class attendance registers
6. I give permission for use of my name, voice or picture in any broadcast, telecast and advertising promotion
7. I give permission for my name to be published in official websites and local press

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

PAR-Q FORM – Please mark YES or NO to the following:

YES

NO

Has your doctor ever said that you have a heart condition? If YES, please detail:		
Do you frequently have pains in your chest when you perform physical activity? If YES, please detail:		
Have you ever had chest pain when NOT performing physical activity? if YES please specify when:		
Have you ever had a stroke?		
Do you lose your balance due to dizziness or do you ever lose consciousness?		
Do you have any bone or joint or spinal problems? (e.g. arthritis, chronic back pain) If yes please elaborate.....		
Do you have any of the following (please circle those that apply)? <ul style="list-style-type: none"> • Diabetes? • High or low blood pressure • Asthma or exercise induced asthma? 		
Have you had any surgery within the last 12 months? If YES please specify:		
Do you take any medications, other prescriptions or non-prescription that have impacted your training in the past?		
Do you suffer from any allergies?		
Do you have any other medical conditions that have not been listed or asked thus far? If YES please specify:		
Are you aware of any reason why you should not take part in a physical activity programme? If YES please specify:		

If you have answered YES to any of the questions above, we strongly recommend you seek advice from your GP prior to exercise.

If you have answered YES to 4 or more questions, you will be unable to take part in the activity until you have proof of medical recommendation.

TRAINING DISCLAIMER: As with any form of exercise there is a risk of injury that may and could occur.

By signing below, you acknowledge that you are happy and fully agree to take part in an exercise routine and have answered all medical questions above truthfully. In addition, you are signing this form to agree to take part in any activities at your own risk and Derby County Community Trust will not be liable for any injuries that may occur during any session.

Signature :.....

Date :.....