

Shape Up Registration Par-Q Form

Season 2021/2022



COMMUNITY SPORTS
& EDUCATION
TRUST
REGISTERED CHARITY NO: 1102239

We use this form to make sure you can safely and happily enjoy our programmes. We need to collect your basic details, including information about your health. You won't be able to take part in our programmes without a completed form.

PAR-Q is designed to help you. For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number for whom physical activity may be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Date form submitted:

Personal Details

Full Name:

Date of Birth:

Ethnicity:

Age:

Gender:

Religion:

Does your gender identity match your sex as registered at birth: (Only complete if you are 18 and over)

Yes	No	Prefer not to say
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Sexual Orientation: (Only complete if you are 18 and over)

Straight/ heterosexual

Gay Man

Lesbian/ Gay Woman

Bisexual

Other

Prefer not to say

Address:

Post Code:

Phone Number:

Email:

Height (m):

Weight (kg):

BMI (if known):

GP Name
and Address:

Are you a Hertfordshire Resident: Yes No

Emergency Contact Details

Please provide emergency contact details for another adult.

Full Name:

Phone Number:

Relationship to Person:

Do you have any medical conditions or require medication to safely take part?

Tick all that apply and provide details.

- | | |
|-----------|----------|
| No | Diabetes |
| Allergies | Epilepsy |
| Asthma | Other |

Do you have a disability?

Tick all that apply and provide details.

- | | |
|----------|----------|
| No | Physical |
| Hearing | Sight |
| Learning | Other |

Are you currently on the Learning Disabilities Register? Yes No Not Sure

Are you currently pregnant? Yes No

Are you currently on the Severe Mental Illness Register? Yes No Not Sure

Your Health

Has your doctor ever said you have heart trouble? Yes No

Do you frequently have pains in your heart and chest? Yes No

Have you developed chest pain in the last month? Yes No

Do you often feel faint or have spells of dizziness? Yes No

Has your doctor ever said your blood pressure was too high? Yes No

Has a doctor ever recommended medication for your blood pressure or a heart condition? Yes No

Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or may be made worse by exercise? Yes No

Are there any good physical reasons not mentioned here why you should not take part in a programme of physical exercise of progressing intensity? Please outline. Yes No

Are you aware through you own experience or from a doctor's advice of any other reason why you should not exercise without medical supervision? Yes No

Do you have an eating disorder, or underlying medical cause for obesity, which would benefit from clinical management? Yes No

If you answered YES to any of the questions you will be asked to bring with you a note from your GP stating what exercises are appropriate for your future exercise programme. Alternatively you can fill in your Doctors name below if they have advised you to exercise and do not want to provide a note. Simple advice may be all that is needed and your future exercise programme will be modified for your maximum safety and benefit.

I have been advised by my Doctor that I am physically fit to commence an exercise programme (leave blank if not applicable):

Doctor's Name:

If you answered NO to all questions accurately, you have a reasonable assurance of your present suitability for: A GRADUATED EXERCISE PROGRAMME. A gradual increase in proper exercise promotes good fitness development and improves overall health whilst minimising or eliminating discomfort.

I realise that my body's reaction to exercise is not totally predictable. Should I develop a condition that affects my ability to exercise, I will inform the Coach and/or the Health Professionals running the programme immediately and stop exercising if necessary. I take full responsibility for monitoring my own physical condition at all times. I recognise that the instructor is not able to provide me with medical advice with regard to my medical fitness and this information is used as a guideline to the limitations of my ability to exercise.

Media and Communication

Sometimes we, and the partners we work with, visit programmes to take photos and videos of you. We use this content for marketing, publicity and TV broadcast purposes. We only show you in a positive way. Are you happy to take part in media activities?

Yes

No

Please tick below to confirm that you are happy to be contacted with information about offers, future courses, the work of the Trust and Watford FC via their marketing company Goodform. Your information will not be passed onto any other third parties.

Email

Post

Phone

Text

I agree

No

Your Responsibilities

When you sign this form, you are agreeing to your responsibilities:

- Making sure you can travel safely to and from Trust Programmes and agreeing that you can take part in all Trust activities.
- Managing your own medical needs before, during and after the programme. Trust staff will NOT administer medication to you, except in an emergency (EpiPen).
- Letting us know should any of your information change.
- Making sure that you have read and agree to the legal terms on this form.

Signed (Participant):

Date:

Signed (Course Leader):

Date:

Legal Information

Terms and Conditions

Watford FC CSE Trust excludes any and all liability other than those which cannot be excluded by law.

Safeguarding

We believe that involvement in Trust activities must never leave participants open to any form of abuse. We have comprehensive safeguarding policies and procedures in place which meet the requirements of the football bodies and statutory authorities. Find out how we keep you safe at our programmes: www.watfordfccsetrust.com/about-us/safeguarding/

Data Protection Notice

We (The Trust) are committed to ensuring that we have the appropriate consent in place from individuals that

participate in our programmes. In accordance to GDPR we are required to gain the necessary consent and we are committed to ensuring you have the control over your data. All data gathered on this form will be stored securely on the Trust's monitoring and evaluation platform. This data will be used by the Trust to monitor progress, and may be shared with funding or delivery partners for reporting or safeguarding purposes. For more details about how we handle data, please read our Privacy Statement which can be found at www.watfordfccsetrust.com/about-us/policies/