



PRE SQUASHERCISE CONSENT FORM



Personal Details

All information will be treated confidentially

Name:

Address:

Mobile Number: Gender: Female Male

Email:

Age Bracket: 14-18 19-22 23-25 26-29 30-34 35-44 45+

Which of these ethnic groups do you consider that you belong to? Asian/Asian British Black/Black British Mixed Race
White Other

What do you want to achieve from taking part in Squashercise?
e.g improve fitness, lose weight, learn how to play Squash etc

Squashercise Readiness Questionnaire

Please read the questions below carefully and answer them honestly by circling Yes or No:

- | | | |
|---|-----|----|
| 1. Has your doctor ever said that you have heart trouble and that you should only do physical activity recommended by a doctor? | Yes | No |
| 2. Do you ever have pains in your heart or chest? | Yes | No |
| 3. Do you ever feel faint or have spells of dizziness? | Yes | No |
| 4. Do you have a joint problem that could be made worse by exercise? | Yes | No |
| 5. Have you ever been told that you have high blood pressure? | Yes | No |
| 6. Are you currently taking any medication that your coach should be made aware of? | Yes | No |
| 7. If female, are you pregnant or have you had a baby in the last 6 months? | Yes | No |
| 8. Do you have any other medical conditions that we should be aware of? If yes, please explain:
<input type="text"/> | Yes | No |

If you have answered 'Yes' to one or more of the questions

We recommend that you talk to your doctor before taking part. Tell your doctor about this questionnaire, you may be able to participate in Squashercise as long as you build up slowly and gradually.

If you have answered 'No' to all of the questions

You can take part in Squashercise! The safest way is to start slowly and build up gradually.

Please Note: If your health changes so that you answer Yes to any of the above questions, you should inform your Squashercise coach immediately



PRE SQUASHERCISE CONSENT FORM



Emergency Contact Details

Name:

Relationship to participant:

Mobile Number:

Informed Consent

1. As required for participation in Squashercise, I have completed a Squashercise Readiness Questionnaire and have, where required, sort advice from my Doctor.
2. I understand the nature and purpose of Squashercise and I am aware that any strenuous physical activity involves certain risks. I assume the risk of any and all accidents and injuries of any kind which may be sustained by me by reason of, or in connection with, my participation in Squashercise.
3. Whilst participating in Squashercise, I agree to abide by the Coach's instructions at all times.

Informed Consent

I have read and understood this form and consent to its terms.
I hereby sign voluntarily and with full knowledge of its significance.

Name: _____ Signature: _____ Date: / /

Coach Name: _____ Signature: _____ Date: / /

■ If you have any questions please contact Anne Trafford
anne.trafford@btinternet.com
Telephone 07985 157743