



The Active Life Centre  
Stephenson Road, Houndmills, Basingstoke, Hants RG21 6XR

## REGISTRATION 2006/2006

Please complete all sections below and overleaf: Class attending \_\_\_\_\_

Date of joining \_\_\_\_\_

### PERSONAL DETAILS

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Are you – Male  Female

### CONTACT DETAILS

Home Tel No \_\_\_\_\_ Work Tel No \_\_\_\_\_

Mobile No \_\_\_\_\_ email address \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_ Tel No \_\_\_\_\_

Do you participate in any other sport YES/NO

(which sport) \_\_\_\_\_

In order for us to monitor our membership, please tick one of the boxes to identify your ethnic group;

- |  |   |   |                                      |
|--|---|---|--------------------------------------|
| Bangladeshi <input type="checkbox"/>   | Black African <input type="checkbox"/>  | Black Caribbean <input type="checkbox"/>    | Black Other <input type="checkbox"/> |
| Chinese <input type="checkbox"/>       | Indian <input type="checkbox"/>         | Pakistani <input type="checkbox"/>          | Asian Other <input type="checkbox"/> |
| White British <input type="checkbox"/> | White European <input type="checkbox"/> | White Non European <input type="checkbox"/> | Other <input type="checkbox"/>       |

How did you hear about us?

\_\_\_\_\_

## Physical Activity Readiness Questionnaire

Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

As you are planning to take part in a new exercise class, please start by answering the questions below. If you are between the ages of 15 and 69 the questionnaire will tell you if should check with your doctor before you start. If you are over 69 years of age and you are not used to being very active, check with your doctor.

**These details will remain confidential.**

**Please circle**

1	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	Yes	No
2	Do you ever feel pain in your chest when you do physical activity?	Yes	No
3	Have you ever had chest pain when you are doing physical activity?	Yes	No
4	Do you ever feel faint or have spells of dizziness?	Yes	No
5	Do you have a joint problem, which could be made worse by exercise?	Yes	No
6	Have you ever been told that you have high blood pressure?	Yes	No
7	Have you ever been told that you have any of the following; kyphosis, lordosis, scoliosis, arthritis, osteoporosis, chronic back pain, ankylosing spondylitis, spondylololysis/sponylolisthesis?	Yes	No
8	Are you currently taking any medication of which the instructor should be made aware?	Yes	No
9	Are you pregnant or have had a baby in the last 6 months?	Yes	No
10	Is there any other reason why you should not participate in physical activity? If so what?	Yes	No

**If you have answered yes to one or more questions**

Talk to your doctor or health professional by phone before you start becoming physically active. Tell your doctor about the questionnaire and which question(s) you answered YES to. Talk with your doctor about the types of activity you wish to participate in and follow his/her advice.

**Client declaration:**

I declare that the information I have given is correct and that I have informed the instructor of any medical conditions that I have. I confirm that if my medical condition should change, I will inform my instructor before the class.

Client signature \_\_\_\_\_

Date: \_\_\_\_\_