

CITY COMMUNITY TRUST - PHYSICAL ACTIVITY

Before you start any physical activity programme or session with City Community Trust, you are required to complete the information below as an indication of your fitness level and physical ability to take part in an activity.

If you have or suspect you have an illness or medical condition that may be made worse by physical activity, then we require you to see a doctor before starting any programme.

In particular, you should see your doctor before you start if you:

- **Have a known heart condition or have had a stroke**
- **Have any chest pains, particularly if chest pain is brought on by exercise**
- **Have had falls due to becoming dizzy or blacking out**
- **Get very breathless on mild exertion**
- **Are worried that a joint or back problem may be made worse by increasing your physical activity levels**
- **Ongoing or pre existing medical Condition which may be aggravated by change in physical activity.**

Name

Address

Date of birth

Telephone number

Emergency contact details

Email Address.....

Do you have any medical conditions/are on medication that we should know about? Yes/No

Have you consulted your Dr Yes/No

Please give details below of any condition and advice from Dr

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The practical aspects of this session will involve opposed practices and games, which could include mixed gender, which by their very nature may include physical contact.

I understand that my participation in all practical aspects of the session is entirely my decision and is based upon my own assessment of my ability to undertake the level of physical activity required. I understand also that during the session I may be videoed and/or photographed, purely for promotional purposes.

I understand that Exeter City Community Trust, its coaching staff, and the venues we use, nor their servants, agents or employees are liable for personal injury, loss or damage whilst in attendance of this session.

I will inform the member of staff taking the session of any health issues that might affect me & take responsibility for withdrawing myself should the activity be unsuitable.

Signed.....

Print name

Date