

Physical Activity Readiness Questionnaire

All Health & Activity participants are required to complete a Physical Activity Readiness Questionnaire.

Activity:		Location:	
First name:		Surname:	
E-mail:			
Contact phone number:		Postcode:	

Do you have any medical conditions that may affect you during this activity?

Yes ☐ No ☐ Please tick

If **yes** please state what it is:

Do you need to take any medication during this activity? If so, what is it?

Please inform one of the leaders before the activity starts

Declaration

I understand that if I have a health condition I should first seek medical advice and I am participating in the activities at my own risk. I understand that my information will be held by Dorset Council for six years in accordance with the General Data Protection Regulations 2018 and will be used to create anonymous reports to prove project outcomes and support funding bids. Details will be shared confidentially with Instructors and Volunteer Activity Leaders to ensure safe activity delivery.

By signing you are agreeing to the above declaration:

Signature: Date:

Are you happy to receive communications from the Health & Activity Team, Dorset Council?
(with the option to unsubscribe at any time – details will never be passed to a 3rd party)

Yes ☐ No ☐

Please return to: Health and Activity Team, Dorset Council, Moors Valley Golf & Activity Centre,
Moors Valley Country Park, Horton Road, Ashley Heath, Nr Ringwood, BH24 2ET
activate@dorsetcouncil.gov.uk