



## Walker's Registration Form

Please **print** your details (name and address).

**Name:** First name: ..... Surname: .....

Date of registration: .....

**Address:**

House number/name: ..... Street: .....

Town/City: ..... County: .....

Postcode: ..... Tel no: .....

Email address: .....

**Where did you hear about this group?** Friend/family member  Website

GP/Nurse recommendation  Poster/flier  Local event

Other  (*please specify*) .....

**Are you a trained volunteer walk leader?** Yes  No

**Would you like information about becoming a volunteer walk leader?** Yes  No

# Participant Questionnaire

Becoming more active is very safe for most people. Some people should check with their doctor before they start becoming much more physically active. Start by answering the all of the questions below.

1. Has your doctor ever said that you have a heart condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you feel pain in your chest when you do physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. In the past month, have you had chest pain when you were not doing physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Declaration

- I understand that if I have answered 'Yes' to one or more of the above questions, I should seek medical advice before attending a walking programme and that I walk at my own risk.
- I agree to tell the walk leaders if there are any changes in my health which affect my answers to the above questions.
- I understand that this information will be shared with other walk leaders.

**Name (print):** .....

**Signed:** .....

**Date:** .....

6. Do you have diabetes? Yes  No

7. Do you have asthma? Yes  No

8. Do you have a long-standing illness or disability which affects or limits your day to day activities? Yes  No

If yes, please give brief details: .....

Please advise the Walk Leader of any other conditions you feel they might need to know about.

## **Emergency contact details**

Name: .....

Tel no: .....

## **Using and sharing your information**

Your information will be held by Ebbw Fach Treckers in accordance with the Data Protection Act 1998 and will be used to contact members regarding new walk schedules and other walking related activities and group meetings. The information will be collected by walk leaders and passed to the Membership Secretary for inputting into a central database from which reports will be drawn.

The information in this questionnaire will be kept confidential and will be anonymous when used.

**Signed:** .....

**Date:** .....

## **Photograph release form**

I give permission to Ebbw Fach Treckers to use photograph(s) taken of me, or in which I may be included with others, in publications, advertisements and the internet to promote the group's activities.

***I may withdraw my permission at any time.***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print):

\_\_\_\_\_  
Signature

***Thank you for completing this form.***

***Please return it to your walk leader.***