**Health and Emergency Contact Details**

A small risk always exists when taking any form of exercise. Please complete this form and keep it with you (we suggest in your shoe bag). It can then be used in case of emergency and otherwise remains your private information. (All fields are optional as this form is yours).

Personal Details:

|  |  |
| --- | --- |
| NAME |  |
| DATE OF BIRTH |  |
| GENDER |  |

Emergency Contact Details

|  |  |
| --- | --- |
| NAME (S) |  |
| RELATIONSHIP TO YOU |  |
| CONTACT PHONE NUMBER(S) |  |

Please do not attend a dance or other event if you are feeling poorly in any way.

Please use hand sanitiser and cloakrooms for hand washing to prevent the spreading of germs and infections.

|  |  |  |
| --- | --- | --- |
|  | Yes/No | Further Information if Yes |
| Do you have any history of heart disease, angina, palpitations, heart murmurs or any other heart disorder? If yes please give details. |  |  |
| Do you ever feel pain in your chest when you exercise? |  |  |
| Do you suffer from high blood pressure or high cholesterol? If yes, please give details of medication. |  |  |
| Do you ever feel faint or have dizzy spells? |  |  |
| Do you have any injury, illness, back, joint or muscle condition that may be aggravated by exercise? |  |  |
| Do you suffer from arthritis, allergies, asthma, diabetes, epilepsy, hernia, circulation problems or an ulcer? |  |  |
| Are you now or have you recently been pregnant? |  |  |
| Are you currently taking any prescribed medication? |  |  |
| Are you over 65 and not accustomed to regular exercise? |  |  |
| Are you recovering from a recent illness or operation? |  |  |
| Do you know of any other reason why you should not do any physical activity? |  |  |

Anyone who undertakes exercise against the medical advice of their doctor shall do so at their own risk and the RSCDS Herts and Borders Branch shall not be held responsible in the event of any injury, illness or death which may result.

I have read and understood the above and confirm all my details are correct.

Signed ……………………………………………………………………………….. Date ……………………………………….