ROLLER FITNESS

PAR Q FORM

Par Q Form

Your Details

Full Name:

....

Address:

....

....

....

Phone Number:

....

Date of Birth:

....

Gender: M F Other

....

Emergency Contact

Full Name:

....

Phone Number:

....

Relationship:

....

Doctors Name:

....

Surgery Address:

....

....

....

Surgery Phone Number:

....

Medical Information

Are you on any medication or is there anything else we should be aware of? If yes please provide details:

....

....

Medical allergies or any other allergies:	Yes	No	Details: ....
Asthma or Respiratory conditions:	Yes	No	Details: ....
Arthritis or Orthopaedic conditions:	Yes	No	Details: ....
Heart murmur or Cardiovascular conditions:	Yes	No	Details: ....
Seizures or Neurological conditions:	Yes	No	Details: ....
Diabetes or Nutritional conditions:	Yes	No	Details: ....

Please read the statements below and sign if agreed to.

1) *If I need medical attention or immediate treatment is necessary to save my life or to prevent permanent injury, then I give my consent for this to take place.*

2) *If I need medical treatment while participating, it is my wish that the treatment commences while efforts are being made to contact my emergency contact or doctor. So that treatment is not delayed, I consent to any medical procedures that the first aider believes are required on the understanding that efforts will continue to be made to contact my emergency contact or doctor.*

Signed: .... **Date:** .... /....... /.......

The details collected within this form will only be used to obtain the necessary information we need to ensure your safety and give you the best experience possible. For further information on how we process and use your details please visit our website to view our Privacy Policy. www.rollerfitness.uk/privacypolicy