

Participant Registration Form

Physical Activity Leader Network

Collecting your personal details will help provide a class that is safe for you. Sharing your personal information is voluntary. Your Physical Activity Leader will store this information securely. It is subject to privacy rules and only be used by authorised personnel.

Contact Details					
Name					
Residential Address					
Town		State		Post Code	
Phone		Date of Birth		<input type="checkbox"/> M	<input type="checkbox"/> F
<input type="checkbox"/> Neither Aboriginal or Torres Strait Islander	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Aboriginal and Torres Strait Islander	<input type="checkbox"/> Decline to respond	
Emergency Contact			Phone		
Doctor's Name			Phone		
Allergies (food/ medication/ other)					
General Information					
What prompted you to join the program?					
<input type="checkbox"/> Friend/ Family <input type="checkbox"/> Stepping On <input type="checkbox"/> Health Professional (by whom?) <input type="checkbox"/> Newspaper <input type="checkbox"/> Poster/ Flyer (where displayed?) <input type="checkbox"/> Other (please specify)					
Describe your current exercise patterns					
<input type="checkbox"/> I don't do any exercise <input type="checkbox"/> Yes (please describe type of activity and durations)					
What do you hope to achieve by attending this group?					
Health Details					
This information helps the leader meet your needs in the class.					
Have you ever had or do you have any problems with the following?					
<input type="checkbox"/> Hearing <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Vision <input type="checkbox"/> Yes <input type="checkbox"/> No					
In the past 12 months have you had a fall or are you afraid of falling? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please list in the box below any health conditions that may impact on your ability to participate in physical activity. Please also list any medications you are currently taking or provide your leader with an up to date list.					

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PARTICIPANT SELF ASSESSMENT

This assessment does not provide advice on a particular matter, nor does it substitute for advice from an appropriate health professional. No warranty of safety should result from its use. The assessment system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by NSW Health for any loss, damage or injury that may arise from any person acting on any statement or information contained in this assessment.

1	Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Do you ever feel faint or have spells of dizziness during physical activity/exercise that cause you to lose balance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Have you had an asthma attack requiring immediate medical attention at any time over the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the past 3 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity or exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Do you have any other medical condition(s) that make it dangerous for you to participate in physical activity/exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>IF YOU ANSWERED 'YES' to any of the 7 questions, please seek guidance from your GP prior to undertaking physical activity/exercise.</p>			
<p>IF YOU ANSWERED 'NO' to all 7 questions, and have no concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise e.g. PALN classes</p>			
<p><small>Reference: Norton, K & Norton, L 2011. 'Pre-Exercise Screening – Guide to the Australian Adult Pre-exercise Screening System'</small></p>			

PARTICIPANT STATEMENT

1. I recognise that the Physical Activity Leader is not able to provide me with medical advice regarding my medical fitness. The information provided by me on this form is used as a guideline to the limitations of my ability to exercise and in the case of an emergency.
2. I have read and understood the information in the participant information sheet.
3. I will tell the leader immediately of any symptoms I have whilst exercising.
4. I will tell the leader of any changes to my health and update these details with the leader. I understand that is recommended that I seek physical activity guidance from my GP if my health changes.
5. I understand that photographs/video/audio may be taken for promotion and advertising of physical activity programs and their benefits and that these
 - May appear on websites managed by MLHD Health Promotion
 - May be used in MLHD social media including Facebook and Twitter
 - May appear in print, electronic or video-media
 - May enable readers to identify myself

I accept that I do not have to participate in any media-related activity if I choose.

Participant Signature: _____

Date: _____

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Participant Name _____

What to expect in the class

All classes include a warm up, balance and strength session, and a cool down. Time is taken to focus on safety, good technique, balance, breathing, relaxation and fun. Classes will run for between 30 - 60 minutes. The exercise leader will explain the activity and the level of effort you should be aiming for when undertaking the class. Remember what is suitable for some people may not be suitable for you. You should be working at light to moderate intensity where you can hold a conversation while exercising.

What to bring

Please wear comfortable clothing and footwear appropriate for the activity. If you are not sure what is appropriate, please ask your leader. All participants should bring a water bottle to all classes. Drink water before, during and soon after exercising to prevent dehydration. For outdoor activities, hats and sunscreen are recommended. If you're doing Aqua Exercise, wear suitable swimwear or pool dedicated T-shirt and shorts.

Things to know

1. Please fill in the Participant Registration Form as this will help the leader run a group that is safe for you and everyone else. If you have any questions, please talk to the leader.
2. The leader will respect your confidentiality and securely store any information provided. Access will only be granted to authorised personnel and is subject to relevant laws.
3. An exercise screening self assessment is on the back of this form. It is recommended that you complete this and follow up with your GP if indicated. Also check with your GP if you have any concerns about your health and exercising or if you have had a recent illness or operation.
4. A written referral to the physical activity class from your GP is the same as obtaining their guidance on the Physical Activity Guidance Form.
5. Remember to sign-in on the Attendance Sheet each time you attend the class.
6. It is important that you always **work at your own pace**. Stay within your comfort zone and take a rest during the class if needed.
7. Stop exercising immediately and notify your leader if you experience any of these symptoms:

- | | |
|--|---|
| - Chest pain/discomfort or pressure | - Nausea, dizziness or light-headedness |
| - Irregular heartbeat | - Any unusual or worsening pain |
| - Sweating or hot flushes (not explained by the physical effort) | |

- | | |
|------------------------|--|
| - Fever | - Open wound (cut, abrasion, ulcer) |
| - Irregular heartbeat | - Vomiting/ Diarrhoea in past 48 hours |
| - Contagious skin rash | - Infectious condition (flu, measles) |

8. Please do not come to class if you are feeling unwell, very fatigued or experiencing any of the following conditions. Only come back once you are completely well or 48 hours symptom free.
9. If your situation has changed since registering for the class please tell your leader. This might be a new medical diagnosis, changed control levels for an existing illness (e.g. starting insulin), an operation or an injury.

Please retain all completed copies of this form on file, if requested please return to:

MLHD Health Promotion, Reply Paid 87711, Albury, NSW, 2640 Fax: 02 6080 8999 mlhd-exercise@health.nsw.gov.au