



Participant Registration Form

Physical Activity Leaders Network

Collecting your personal details will help provide a class that is safe for you. Your Physical Activity Leader will store this information securely. It is subject to privacy rules and only to 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
Email Address					
Are you of Aboriginal or Torres Strait Islander background?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Prefer not to say		
Country of Birth		Language spoken at home			
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"/> Health Professional (name?)	<input type="checkbox"/> Stepping On
<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"/> Please describe the types of activity you might do and how often	
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?		
Hearing	<input type="checkbox"/> No	<input type="checkbox"/> Yes, details:
Vision	<input type="checkbox"/> No	<input type="checkbox"/> Yes, details
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.		

PARTICIPANT SELF ASSESSMENT

Participant Name _____

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
IF YOU ANSWERED 'YES' to any of the 7 questions, please obtain written consent from your GP before starting the class. Please give signed consent to your class leader			
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			
<small>Reference: Norton, K & Norton, L 2011. 'Pre-Exercise Screening – Guide to the Australian Adult Pre-exercise Screening System'</small>			

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 agree to in no way hold any person, volunteer or the Murrumbidgee Local Health District responsible for any accident, injury, property damage or death that may occur to me while participating in the exercise classes. I understand that I should follow the instructions of the exercise leader and health promotion staff during the sessions to avoid these events. I understand that I am participating in these exercise classes at my own risk.
3. I understand that the exercise classes are in line with Australian Privacy Principles and any information provided will remain private and confidential. The only exception to that confidentiality is if there are concerns of an individual's safety or the safety of someone else. In this instance the health promotion team would be required to speak to someone else to ensure the individual's safety.

Participant Signature: _____

Date: _____

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

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 labelled with your name 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. You must complete the seven question exercise screen before your first class 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.
2. A written referral to the physical activity class from your GP is the same as obtaining their guidance on the Physical Activity Guidance Form.
3. 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.
4. Stop exercising immediately and raise your hand if you experience any of the following

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| - 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) | |

symptoms:

5. 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.
6. 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.

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

7. If you are unwell, you must NOT attend the class.
8. Hand sanitiser is provided for your protection. Please use hand sanitiser as you enter and exit your class, before and after signing in and during the class as required.
9. For more information, please contact Adelle Kennedy 02 6053 4845 or email mlhd-exercise@health.nsw.gov.au

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