**West Kingsdown Boxing Participants Questionnaire (West Kingsdown Village Hall)**

BEFORE PARTICIPATING IN THIS SESSION IT IS ESSENTIAL THAT YOU COMPLETE THIS FORM AND RETURN IT TO communities@sevenoaks.gov.uk

**This form should be completed by a parent or carer with legal responsibility for any child under age of 18.**

Participant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about this project?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Details:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For most people, physical activity** does not pose a hazard. The questions below have been designed to identify the small number of people who should seek medical advice before starting.

1. Are you recovering from any serious illness/injury/operation? YES / NO Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your doctor diagnosed a heart condition, and/or high/low YES / NO

blood pressure? Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you suffer from back/neck muscle pain? YES / NO Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you suffer from back/joint pain or arthritis? YES / NO Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you suffer from any chest pains or breathing disorders i.e. YES / NO

Bronchitis/asthma? Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you know of any reason why you should not exercise? YES / NO

i.e. feeling faint, dizziness?

Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that if I have answered yes** to any of the previous Health Screening questions, I must seek medical advice before participating in exercise. I agree to tell the session instructor if there is a change in my medical condition. I understand that I participate at my own risk.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE TURN OVER**

*Occasionally participants may be offered food (sweets & chocolate) and other refreshments.*

1. Do you have any allergies? YES / NO Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Occasionally participants are photographed during the session. These photographs are used by Sevenoaks District Council in published reports and also for publicity purposes. This includes printed documents, posters, on websites and on social media.*

1. Do you give permission for the participant to be photographed during this activity?

YES / NO

1. Do you have any long-standing (for more than 12 months and likely to continue) illness or disability which affects (or limits) your day to day activities? YES / NO /

If Yes**,** please tick all that apply: PREFER NOT TO SAY

Physical impairment

Sensory impairment

Mental health condition

Learning disability/difficulty or cognitive impairment

Long standing illness or health condition

Other (please specify)

Sevenoaks District Council will keep your information in line with the Data Protection Act 2018 and the GDPR and it will not be passed to any third party. It will be used only for the purpose of delivering this activity to you and improving our performance. If you have also opted into our mailing list then it will be used to keep you informed of future activities and projects, which we feel would be of interest to you. All information provided will be kept for 3 years from your last participation in line with our retention policy. You may unsubscribe from either messages about this activity or from our mailing list at any time by following the instructions on the email you are sent.

For further information about how the Council will process your information, please visit our Privacy Notice at [www.sevenoaks.gov.uk/privacy](http://www.sevenoaks.gov.uk/privacy).