

ICE and PAR-Q

In Case of Emergency and Physical Activity Readiness Questionnaire For participants over 16 years of age

Please complete this form before attending any classes with NoFit State Circus.

This information will be stored and used in line with the data protection act and will not be shared with any second parties. The information you give is kept confidentially. Please tell Reception/your Trainer if you contact or medical details change, and if you feel they need to know greater details.

Personal details

*** = Indicates required**

Details will be kept and used only for essential contact (emergencies, time changes, cancellations etc.) from our reception team. We will **NOT** contact you for marketing or promotional purposes and we will **NEVER** give your information to any third parties without your permission. You can indicate if you wish to do so at the bottom of this form.

* Name	
* Email	
* Contact number(s)	
* Home address	
Date of Birth	

Emergency contact (ICE)

* Name	
* Relationship to you	
* Contact number(s)	

Medical Information (PAR-Q)

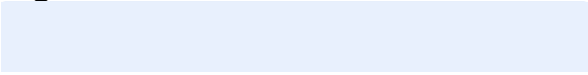
<p>* Do you have any pre-existing medical conditions that you feel we should be aware of? e.g. Medical or physical, emotional, social or behavioural etc.</p>	
<p>* Are you on any medication? If so what.</p>	
<p>Do you consider yourself to have a disability/impairment? (Note - the Equality Act 2010 defines a disability as a physical or mental impairment which has substantial and long-term (lasting more than 12 months) adverse effect on your ability to carry out normal day-to-day activities)</p>	
<p>If so please advise us on how we can help you get the most from your learning experience with us.</p>	

<p>Have you ever been told you should only do physical activity recommended by a doctor?</p>	<p>Y <input type="checkbox"/></p>	<p>N <input type="checkbox"/></p>
<p>Do you feel pain in your chest when you do a physical activity?</p>	<p>Y <input type="checkbox"/></p>	<p>N <input type="checkbox"/></p>
<p>In the past month have you felt pain in your chest when not doing a physical activity?</p>	<p>Y <input type="checkbox"/></p>	<p>N <input type="checkbox"/></p>
<p>Do you lose your balance because of dizziness or do you ever lose consciousness?</p>	<p>Y <input type="checkbox"/></p>	<p>N <input type="checkbox"/></p>
<p>Do you ever have a bone or joint problem (for example, back, knee or hip) that could be made worse by physical activity?</p>	<p>Y <input type="checkbox"/></p>	<p>N <input type="checkbox"/></p>
<p>Is your doctor currently prescribing drugs (for example water pills) for your blood pressure or heart condition?</p>	<p>Y <input type="checkbox"/></p>	<p>N <input type="checkbox"/></p>
<p>Do you know of any other reason why you should not do physical activity?</p>	<p>Y <input type="checkbox"/></p>	<p>N <input type="checkbox"/></p>
<p>If you have answered yes to any of the above, please give details below:</p>		

Please let Reception and/or your Trainer know if anything changes

Photo Permissions

Sometimes we take photographs for our archives or for marketing purposes. Please tick the boxes below if you do not want your image to be used for specific purposes:	
If you do NOT want us to photograph or film you for our funding applications	<input type="checkbox"/>
If you do NOT want us to photograph or film you for marketing purposes	<input type="checkbox"/>

Please sign and date below to confirm all the information you have given is correct and you agree to our terms and conditions. By signing below you are also agreeing to NoFit State Community Circus Ltd administering first aid if and when required in line with the medical information given on the ICE and PAR-Q form.	
Signature  Click or tap here to enter text.	Date Click or tap to enter a date.

For under 18's, in case of emergency

Name of second parent/guardian:	
Email for second parent/guardian:	
Phone number for second parent/guardian:	

Optional questions:

Are you currently a paid member of NoFit State?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Would you like to find out about becoming a member or about how you can support NoFit State charity activities by becoming a supporter?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Annual membership is only £5. Would you like to join today?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Would you like to receive our monthly newsletter by email?	Y <input type="checkbox"/>	N <input type="checkbox"/>

Please tell us your place of work	
If you are a student please write your school/college	
How did you hear about NoFit State?	

Keeping in touch

If you would like to be kept up to date with our news and activities please indicate tick ✓ how we may contact you:					
Email	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Mail	<input type="checkbox"/>
(Third Party)	<input type="checkbox"/>	(Third Party)	<input type="checkbox"/>	(Third Party)	<input type="checkbox"/>