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| **LOTHIAN DISABILITY BADMINTON CLUB – PLAYER REGISTRATION****&****PHYSICAL ACTIVITY READINESS QUESTIONNAIRE** |
| First name |  |
| Surname / middle name |  |
| Title (Mr / Mrs etc) |  | M/F: | Date of birth |  / /  |
| Home Address |  |
|  |
|  | Post Code |  |
| Telephone (home) |  | (mobile) |
| e-mail |  |
| **I would describe my ethnic origin as (please indicate)** |
| Bangladeshi |  | Chinese |  | Asian - other |  |
| Black African |  | Indian |  | Other |  |
| Black Caribbean |  | Pakistani |  | Prefer not to say |  |
| Black - other |  | White |  |  |
| **Emergency Contact** |
| Name |  |
| Relationship to player |  |
| Home Address |  |
|  |
|  | Post Code |  |
| Telephone (home) |  | (mobile) |
| **Please complete the questionnaire below. The club will treat this information confidentially** |
| 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | yes | no |
| 2. Do you ever feel pain in your chest when you do physical activity? | yes | no |
| 3. Have you ever had chest pain when you are not doing physical activity? | yes | no |
| 4. Do you ever feel faint or have spells of dizziness? | yes | no |
| 5. Do you have a joint problem that could be made worse by exercise? | yes | no |
| 6. Have you ever been told you have high blood pressure? | yes | no |
| 7. Are you currently taking any medication that your coach should be made aware of? If so what? (use separate sheet if required) | yes | no |
| 8. Are you pregnant or have you had a baby in the last 6 months? | yes | no |
| 9. Is there any reason why you should not participate in physical activity? If so, what? | yes | no |
| **IF YOU HAVE ANSWERED YES TO ONE OR MORE QUESTIONS:**Talk to your doctor before you start becoming physically active. Tell your doctor about the questionnaire and which questions you answered YES to. Tell the doctor about the kind of activity you wish to pursue and follow their advice. |
| **IF YOU HAVE ANSWERED NO TO ALL QUESTIONS:**You can be reasonably sure that you can start to become more physically active and take part in a suitable exercise programme.  |
| **PLEASE NOTE:**If your health changes so that subsequently you answer YES to any of the above questions, inform your coach and health professional immediately before continuing with any physical activity. |
| **I have completed the above information and medical questionnaire:** |
| Signature |  | Name |  | date |   / / |
| **In the event of being U16, please ensure that a parent or guardian countersigns here:** |
| Signature |  | Name |  | date |   / / | / |

**Disability**

|  |  |
| --- | --- |
| Do you consider yourself to have a disability?  | YES / NO  |

If Yes, what is the nature of your disability? (Please tick box and add brief description)

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|  Hearing/Sight |     | Multiple |   | Other |      |   | Brief description e.g. wheelchair user, dyslexia, cerebral palsy, amputee |
|   | Learning    (e.g.dyslexia,autistic?) |   | Visual |   | Physical |   |   |        |
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Please let us know if there is any additional information that you feel will be of use to the club regarding your disability / or general information you may think would be appropriate for the club to know.

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