

Staff Sports Day registration form

IMPORTANT

Please complete this form, sign and submit or email back to Joel Ryder at joel.ryder@port.ac.uk.

Group Physical Activity Readiness Questionnaire

Team name:

Please show this to each team member and ensure they read the following questions and answer them honestly

1. Has your doctor ever said that you have a heart condition and that you should only do medically advised physical activity?
2. Do you feel pain in your chest or any discomfort when you exercise?
3. In the past month, have you had chest pain when you are not exercising?
4. Have you experienced loss of consciousness or loss of balance due to dizziness?
5. Is your doctor currently prescribing drugs for your blood pressure or a heart condition?
6. Do you know of any other reason why you should not do physical activity?
7. Do you have a bone or joint problem which could be made worse by a change in physical activity?

If you have answered YES to any of these questions you must Inform Joel Ryder to assess your suitability to participate. A letter may be required from your doctor prior to participating on the day.

Participants names:

Declaration

I and my team agree to abide by the department Rules and Regulations (a copy is available on request).

Please be aware a photographer will be present at the event and will be taking pictures of the events and participants.

I agree that I and my team have answered the above questions honestly & will inform Sport and Recreation of any change to my or my team members circumstances.

Signed.....

Date.....

Please resubmit this form with any new team members or a change in team name