



Physical Activity Readiness Questionnaire (PAR-Q)

Phone number _____

Person to contact in case of Emergency

Contact Number: _____

Relationship: _____

Please detail in the space below any medical / health conditions you have which you think your teacher should know -

Formal Declaration

Signed: _____ Date: _____

The data collected within this form is done so in line with our privacy notice for members. The privacy notice sets out the legal basis for processing this data, how long we will keep your data for, how we protect your personal information, and your rights in relation to the personal data that we hold on you. A copy of the policy is available at www.sonshineholistic.co.uk