

## Physical Activity Readiness Questionnaire (PAR-Q) Name:

Phone number \_\_\_\_\_

E mail \_\_\_\_\_

## Person to contact in case of Emergency

Name: \_\_\_\_\_\_
Contact Number:

Relationship:\_\_\_\_

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

## **Formal Declaration**

I declare that I have completed this questionnaire fully and honestly. I will inform Sonshine Hollistic if there are any changes in my circumstances. I take part in any recommended programme entirely at my own risk and waive any legal recourse for damages to myself or property arising from my participation.

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.sonshinehollistic.co.uk