

Action for Life

The East Surrey Walking for Health Scheme

Registration Form

Name		Title Mr/Miss/Mrs/Ms/Other	
Address		Year of Birth	
		Post Code	
Tel Number		E Mail Address	
Person who can be contacted in case of emergency	Name	Telephone No	
How did you hear about us:			
Health Screening - Please circle either YES or NO			
1	Has your Doctor ever said you had a heart condition? YES/NO	Have you ever been diagnosed by your Doctor or Health Professional with any of the five following medical conditions?	
		6 Diabetes	YES/NO
2	Do you feel pain in your chest when you do physical activity? YES/NO	7 Asthma	YES/NO
		8 High blood pressure	YES/NO
3	In the past month have you had a pain in your chest when you were not doing physical activity? YES/NO	9 Heart disease	YES/NO
4	Do you ever lose balance because of dizziness or ever lose consciousness? YES/NO	10 COPD emphysema & chronic bronchitis	YES/NO
5	Do you have a bone or joint problem that could be worse by a change in your physical activity? YES/NO	Do you have a long standing (i.e. for more than 12 months and likely to continue) illness or disability which affects (or limits) your day to day activities? YES/NO/PREFER NOT TO SAY	
If Yes, please give brief details:			
DECLARATION:- I understand that if I have answered "Yes" to one or more of the above questions, I should seek medical advice before attending a walking programme. I agree to tell the walk leaders if there is a change in my medical condition. I understand that this information will be shared with other walk leaders and that I walk at my own risk. Your personal data will not be given to a third party.			
Signed:		Date:	

ACTION FOR LIFE is a registered Charity, which relies upon membership subscriptions to help pay for administration costs. Annual Membership is only £10.00. To join, please complete the attached slip, and return with a cheque payable to "Action for Life" with this registration form.

I would like to become a member of the charity and I enclose a cheque/Postal order (made payable to "Action for Life"). I want Action for Life (reg. charity no 1101579) to treat all donations I have made in this current tax year and thereafter until I notify you otherwise as Gift Aid donations. (Please delete this sentence if not applicable.)

Annual subscription	£10.00
Contribution at your discretion	_____
Total enclosed	_____

Signed

Please print in block capitals Name: Date:

Address: Post Code:

Please return the completed form to: Anna Ecclestone, Data Base Co-ordinator, 24, Beacon Hill, Dormansland, Lingfield, RH7 6RH