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| --- | --- | --- | --- |
| **About the Member** | | | |
| First name(s) |  | | |
| Last name |  | | |
| Preferred name/nickname |  | | |
| Date of Birth |  | | |
| Gender |  | | |
| Address |  | | |
| Postcode |  | | |
| Landline |  | | |
| Mobile |  | | |
| Email |  | | |
| School/ college/employer (please name) |  | | |
| What is the member’s ethnic background? Please tick: | White: | British |  |
| Irish |  |
| Other white background |  |
|  |  |  |
| Mixed: | White and Black Caribbean |  |
| White and Black African |  |
| White and Asian |  |
| Other mixed background |  |
|  |  |  |
| Asian/ Asian British: | Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Other Asian background |  |
|  |  |  |
| Black/ Black British | Caribbean |  |
| African |  |
| Other black background |  |
|  |  |  |
| Other: | Chinese |  |
| Other ethnic group |  |
| Don’t know/don’t want to say |  |
| What’s the member’s religious belief, if any? |  | | |
| What’s the member’s first language, that they speak day-to-day? |  | | |
| How did the member find out about The Factory Youth Zone? |  | | |
| Does the member consider themselves to have a disability?  Yes (registered disabled)\*  Yes (not registered disabled)\*  No  \*If ‘yes’ please give further details |  | | |
| Does the member have any medical conditions we should be aware of?  (e.g. diabetes, allergies). |  | | |

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| **Physical Activity Readiness Questionnaire (PARQ)**  Please answer either ‘Yes’ or ‘No’ to all questions unless it is stated that you must provide further information. | |
| Has the member’s doctor ever said that they have a heart condition and that they should seek advice before doing physical activity? |  |
| Does the member have or feel chest pain during physical activity? |  |
| In the past month has the member had chest pain when not doing physical activity? |  |
| Does the member tend to lose consciousness or fall over as a result of dizziness? |  |
| Does the member have a bone or joint problem (e.g. back, knee or hip) that could be made worse by a change in their physical activity? |  |
| Does the member experience shortness of breath with mild exertion? |  |

|  |  |
| --- | --- |
| Has the member’s doctor ever recommended medication for their blood pressure or heart condition? |  |
| Is the member taking any medication that may affect their ability to take part in physical activity? |  |
| Is there any other reason why the Member should not do physical activity? (e.g. asthma, pregnancy, operation or anything else).  **If yes, please give details.** |  |

|  |  |  |
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| **Member’s Emergency Contact** | | |
| Emergency contact’s name |  | |
| Relationship to member |  | |
| Address |  | |
| Postcode |  | |
| Landline |  | |
| Mobile |  | |
|  | |
| **Member’s Agreement** | |
| * I have read, understood and completed this application form to the best of my ability and any questions I had have been answered to my full satisfaction. * I agree to inform Manchester Youth Zone if my details or health change. * I agree to take full responsibility for my health and safety when participating in physical activities and sports provided by Manchester Youth Zone. I understand that I participate in contact sports at my own risk. Manchester Youth Zone will not be held liable for any bodily injury cased to individuals participating in contact sports. * I agree to respect and follow the Manchester Youth Zone Behaviour Policy. * You may be photographed or filmed while taking part in activities at or away from The Factory Youth Zone. These images may be used for promotional/reporting purposes to show others what we do. Please tick this box if you want your image to be used in this way.   **Signed: Print Name:**  **Date:** | |