**Walker Registration Form**



Welcome! This Mental Health walk is provided by Mind Aberystwyth, helping you get and stay active.

Find out more about us at: www.mindaberystwyth.org

Before you start please complete this form so your walk leader knows your level of fitness and any specific health problems you have. **Please print clearly in block capitals.**

**4. If you take part in physical activities other than walking, how many minutes per week do you spend doing them?**

Minutes

**5. Over the coming year do you expect your amount of physical activity to be:** (please tick one box that most closely corresponds with your expectation):

☐ More than last year ☐ Less than last year

☐ Unlikely to change from last year

**6. Have you been recommended by a health professional to come on this scheme?**

☐Yes ☐No

**7. Have you ever been diagnosed by your doctor or health professional with any of the following long term conditions?** (Please tick all that apply):

☐ COPD (Emphysema and chronic bronchitis)

☐ Asthma ☐High blood pressure

☐ Diabetes ☐ Heart disease

☐ Other (please state)

**9. Do you have a long term illness, health problem or disability which limits your daily activities or the work you can do?**

☐ Yes ☐ No ☐ Prefer not to say

**If yes, please tick all that apply:**

☐ Physical disability ☐ Sensory disability

☐ Learning disability ☐ Learning difficulties

☐ Mental health issues ☐ Prefer not to say

☐ Other (please state) 

**Please turn over**

**Your name**

**Your address**

County Postcode

**Tel No.**

**Email**

**Your date of birth:** ☐☐ **/** ☐☐ **/** ☐☐☐☐

**Emergency Contact: Name:**

 **Number:**

**1. How much walking have you done in the last year?**

☐ I am just starting now

☐ I walk regularly already

☐ I used to walk but have not walked for over 3 months ☐ I am just starting to walk but do other physical activities

**2. How many minutes do you currently spend per week walking briskly, excluding Mind Aberystwyth walks?**

 Minutes

**3. In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate?**

This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job. (Please tick one box)

☐**0** ☐**1** ☐**2** ☐**3** ☐ **4** ☐ **5** ☐**6** ☐**7**



☐**Please tick here that you agree to tell a walk leader if you have any conditions that may affect you whilst walking or if there is a future in your medical condition.**

**Walker: You must sign the waiver below before you walk. You must be aged 18 or over to attend the walk.**

*I, the undersigned, take responsibility for myself and waive and release all causes and claims of action and claims for damages against Mind Aberystwyth and the directors, staff and volunteers thereof for injury or illness arising from or caused by my participation in the Mental Health Walk. I also agree to Mind Aberystwyth storing the information contained in this form.*

Signed

Please tick below if signed:

Digitally ☐ Verbally ☐

Date ☐☐ **/** ☐☐ **/** ☐☐☐☐

Please hand me back to your walk leader!



**10. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.**

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: Tick **YES** or **NO**.

**a. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?**

☐ Yes ☐ No

**b. Do you feel pain in your chest when you do physical activity?**

☐ Yes ☐ No

**c. In the past month, have you had chest pain when you were not doing physical activity?**

☐ Yes ☐ No

**d. Do you lose your balance because of dizziness or do you ever lose consciousness?**

☐ Yes ☐ No

**e. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?**

☐ Yes ☐ No

**f. Is your doctor currently prescribing drugs (e.g. water pills) for your blood pressure or heart condition?**

☐ Yes ☐ No

**g. Do you know of any other reason why you should not do physical activity?**

☐ Yes ☐ No

**If you ticked yes to any of the above, you must seek medical advice before attending a walk.**

Signed on behalf by

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |

|  |  |
| --- | --- |
| Job role |  |
|  |  |

 |
|  |  |