Birdhouse Circus ICE and PAR-Q

Please return this form to: birdhousecircus @gmail.com

In case of Emergency and Physical Activity Readiness Questionnaire Please complete this form before attending any classes with Birdhouse Circus.

This information will be stored and used in line with data protection (GDPR) and will not be shared with any second parties. The information you give is kept confidentially. Please tell your Trainer if your contact or medical details change, and if you feel they need to know greater details.

Personal Details

Details will be kept and used only for essential contact (emergencies, time changes, cancellations etc.). We will **NOT** contact you for marketing or promotional purposes and we will **NEVER** give your information to any third parties without your permission.

Name	
Email Address	
Contact Number(s)	

Home Address and Postcode	
Date of Birth	

Emergency Contact

Name	
Relationship to you	
Contact Number(s)	

Medical Information and PAR-Q

Do you have any pre-existing medical conditions that you feel we should be aware of? e.g. Medical or physical, emotional, social or behavioural etc.	
Are you on any medication? If yes, what.	

Access Requirements

Do you consider yourself to have a disability/impairment? (Note - the Equality Act 2010 defines a disability as a physical or mental impairment which has substantial and long-term (lasting more than 12 months) adverse effect on your ability to carry out normal day-to-day activities)	
Do you have any access requirements? Please give any information that will help us support you.	
Please advise us on how we can help you get the most from your learning experience with us.	

Have you ever been told you should only do physical activity as recommended by a doctor?	Yes	No
Do you feel pain in your chest when you do a physical activity?	Yes	No
In the past month have you felt pain in your chest when not doing a physical activity?	Yes	No
Do you lose your balance because of dizziness or do you ever lose consciousness?	Yes	No

Do you ever have a bone or joint problem (for example, back, knee or hip) that could be made worse by physical activity?	Yes	No
Is your doctor currently prescribing drugs (for example water pills) for your blood pressure or heart condition?	Yes	No
Do you know of any other reason why you should not do physical activity?	Yes	No
If you have answered yes to any of the above, please give details below:		

Please let your trainer know if anything changes.

Photo Permissions

Sometimes we take photographs for our archives or for marketing purposes. Please tick the boxes below if you do not want your image to be used for specific purposes:

- q **If you do NOT want us to photograph or film you for our funding applications**
- q **If you do NOT want us to photograph or film you for marketing purposes**

Disclaimer

Birdhouse Circus makes every effort to ensure instruction, equipment and training is as safe as possible. Circus is a physical activity and participation in such activities comes with potential risks. Participants must conduct themselves in a safe manner and are responsible for their own physical health and ability and partake in the activity at their own risk.

Please sign and date below to confirm all the information you have given is correct and you agree to our terms and conditions. By signing below you are also agreeing to Birdhouse Circus Trainers administering first aid if and when required in line with the medical information given on the ICE and PAR-Q form.

Signature	**Date**

Keeping in Touch

Please let us know if you would like us to contact you regarding future classes and/or performance opportunities with Birdhouse Circus:

- q Yes please!
- q No thanks.