



Dance Hastings Registration Form and PAR Q

Inclusive Accessible Community Dance Sessions

Please complete and return to dancehastings@gmail.com

Which sessions would you like to attend?	Day: Time: <i>(check venues, days and times on our website)</i>	Venue:
Name		
Contact details [name/phone/email]	<i>(Name email and phone number in order to share appropriate information about our sessions)</i>	
Age [please circle]	16 – 24, 25 – 40, 40 – 55, 55 – 70, 70+	
Do you have a disability? <i>If so, please describe how this may affect your participation in dance activities, and the support you need</i>	<i>(Please let us know anything that will help us to make reasonable adjustments so you can enjoy dancing with us)</i>	
Please let us know how you would like us to communicate with you?	<i>(For example, are there any non verbal cues/expressions/behaviors which will help us know whether you are distressed or happy that we need to respond to?)</i>	
Name and contact details of person to be contacted in an emergency		
Please sign to say that _____ (the person named above) is able to take part in Dance Hastings inclusive dance sessions [See PAR-Q below]		
Signature of participant (or responsible adult):		
Date:		

Name of participant:

Pre Activity Readiness Questionnaire Form (PAR-Q-Form)

Do you currently or have you ever suffered from any of the following conditions? If yes, please provide details below

- 1) Heart problems? Yes No
- 2) Circulatory problems? Yes No
- 3) Blood pressure problems? Yes No
- 4) Joint, movement problems? Yes No
- 5) Feel dizzy or imbalance during exercise? Yes No
- 6) Currently pregnant or recently given birth? Yes No
- 7) Hip replacement? Yes No

Do you currently receive medical care or do any of the following affect you?

- 7) Back/spinal pain? Yes No
- 8) Headaches or migraines? Yes No
- 9) Have you recently had surgery? Yes No
- 10) Currently being prescribed medication? Yes No
- 11) Recently finished a course of medication? Yes No
- 12) Diabetes? Yes No
- 13) Asthma or breathing problems? Yes No

Is there is any other reason that you believe may prevent you from taking part in any regular activity?

Additional information regarding fitness to take part in exercise:

Signature of participant (or responsible adult):

Date:

Name of participant:

PHOTO PERMISSION AND DATA PROTECTION

From Time to time we would like to take photographs of our activities to use in our publicity

We will endeavour not to show faces or identifiable features, and will use editing software to conceal faces of participants unless you give us permission for photpgraphs.

Please TICK which boxes apply and then sign the form below:

- I permit Dance Hastings to take photos of me to use for publicity purposes and to add to reports for funders
- I do not permit Dance Hastings to take photos of me to use for publicity purposes and to add to reports for funders

Our full privacy policy can be found on our website, or please ask us for a paper copy. We hold your information to help us to manage and facilitate our dance sessions appropriately. We will not share your information with other organisations.

- I consent to Dance Hastings holding my information in accordance with their privacy policy
- I do not consent to Dance Hastings holding my information

Signed:(Participant)

.....(Personal Assistant/Parent/Guardian)

Date: