

All information provided will be kept private and confidential. Please read the privacy policy and then tick the box to indicate your consent to share this information with us ☐.

Name:

Address:

Date of birth:

Email address:

Mobile number:

Emergency Contact – Name & telephone number:

Alternate number:

Are you happy to receive class reminders by text or WhatsApp? Y / N

Would you like to subscribe to the Rosefit Newsletter? Y / N

How did you hear about the class? _____

To assess your suitability to exercise please answer these questions as honestly as you can:

1. Has your doctor ever said that you have a heart condition and recommended only medically supervised activity?	YES / NO	If yes, please provide details below:
2. Have you ever had a heart condition, stroke, or pains in the chest?	YES / NO	
3. Have you ever had asthma, diabetes, epilepsy, dizziness, circulation problems, arthritis, high blood pressure, or an ulcer?	YES / NO	
4. Have you ever had an injury, illness, back or joint condition that you may feel could be aggravated by exercise?	YES / NO	
5. Is your doctor currently prescribing drugs or medication?	YES / NO	
6. Are you or have you been pregnant in the last 6 months?	YES / NO	
7. Do you have a disability?	YES / NO	If yes, please provide details below:
8. Do you know of any other reason not mentioned here why you should not do physical activity?	YES / NO	

If you have answered YES to any of the above questions, then you should consult your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health. You must inform the instructor of any changes to your health status whilst attending classes.

I have read, understood, and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk or injury.

Signature: _____ Print Name: _____ Date: _____

Having answered YES to one or more questions above, I have sought medical advice or have previously sought medical advice and my GP has agreed that I may exercise.

Signature: _____ Print Name: _____ Date: _____

Participants Privacy Notice – Julie Rose – Group Exercise Instructor

As your group exercise instructor, I am committed to protecting your privacy. This privacy policy sets out how I use and protect any information that you give me.

Your personal data

As an attendee of my group exercise classes, I collect, store and use the personal data that you provide me. I do this so that I can effectively manage my classes and ensure that as a participant you are kept informed and safe.

I may use your data to contact you with class updates and wider group exercise related opportunities I think you may be interested in.

I will use your data to keep me informed about any health or wider needs you have that I need to consider whilst delivering your class/es.

If you have provided me with emergency contact details I will use this data when required.

Some of the data that I collect from you is 'specialist category'. This includes (not exhaustively) any data relating to disabilities and health. I collect and use this data to enable me to tailor activities to your needs.

Unless you have given me separate written consent, I will cease to contact you 6 months after your stop attending my class/es. At this point I will also delete/destroy all personal data that is not linked to financial records.

I will store any personal data linked to financial records for a 6-year period. HM Revenue and Customs (HMRC) have the right to inspect financial information relating to the previous 6 years and require all trading entities to keep financial records for this length of time.

I will not share your personal data. All data you provide to me is stored on a password protected device and/or locked away. The only exception to this rule is when I carry paper copies of your personal data to the class/es that you attend. I must do this so that I have your health needs and emergency contact details to hand should they be required.

You may request details of personal data which I hold about you or withdraw your consent at any time.

You can contact me on 07985 205769 or julie@rosefit.co.uk.

If you have any concerns about my information rights practices, please contact me in the first instance. If you have any concerns, you can then raise them here www.ico.org.uk/concerns or by calling 03031231113.

Julie Rose, 18 May 2018

Please list any medication or give any other helpful information below:

Photos

On occasion sections of the class may be photographed or short videos for use in promotion purposes such as advertising or shared on social media by Julie Rose (Rosefit).

Please sign below if you are happy to be included:

Signed:

DATE: