

**Membership Form**

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| Name: | | | | |
| Address: | | | | |
|  | | | | |
| Postcode: | | | | |
| Email: Telephone: | | | | |
| Emergency Contact & Number: (Preferably next of kin) | | | | |
| Activity Preference: | | | | |
| Football |  | | Badminton |  |
| Walking Group |  | | Community Support |  |
| Volunteering Opportunities |  | | Holistic Therapies |  |
| Personal Assistant Support |  | | Other |  |
| Health Questions (If ‘YES’ please specify): | | | | |
| Do you have any medical issues? | |  | | |
| Do you have any mental health diagnoses? | |  | | |
| Learning Difficulties (If ‘YES’ please specify): | | | | |
| Do you have any diagnosed learning difficulties? | |  | | |
| Are you under any teams and receiving support from a Psychiatrist, Nurse or Social Worker?  If so, please provide their contact details. | |  | | |

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| **Starting Over Enterprises recommends that all members see their GP for a full physical health check before participating in any activities.**  **Member Declaration:** |
| I declare that to the best of my knowledge there is no reason why I should not participate in a personalized activity or education program. I understand that I take part in any recommended program entirely at my own risk and waive any legal recourse for damages arising from my participation. I also understand that I am responsible for monitoring my own responses during exercise and will inform the Starting Over Enterprises Instructor of any new or unusual symptoms. I will also inform the instructor of any changes in my medication as soon as possible. |
| The information you provide in this form will be kept confidential and will only be used by authorized staff to help you plan and follow your activity programme. We will not share your data with anyone else except in a medical emergency. We may process data for statistical purposes but all data will remain anonymous. |
| **Signed………………………… Date…………………………………** |

**Please email your completed form to** [Samantha@Startingover.org.uk](mailto:Samantha@Startingover.org.uk)