

Active Lichfield Participant Consent Form

Questions

What session are you attending?	
Participants Full Name	
Date of Birth	
Postcode	
Contact Number (Home/Mobile)	
Emergency Contact Name (Next of Kin)	
Emergency Contact Number	
Contact Email	

Wellbeing Consultation

How has your physical activity levels been affected since lockdown?

- I currently do more physical activity than I did before lockdown.
- I currently do the same amount of physical activity as before lockdown.
- I currently do less amount of physical activity than I did before lockdown.

In the last 7 days, on how many days were very active?

- None
- 1 time last week
- 2 or 3 times last week
- 4 times last week
- 5 times last week

Has Covid-19 & being in lockdown made you feel any of the following? (You can tick more than one)

- Socially Isolated
- Feeling anxious or worried
- Feeling unhappy
- Left you being unable to sleep
- None of the above
- Other

Contact Permissions

Marketing Purposes, Communication regarding new and current sessions & Surveys to support current and future delivery as well as future funding for across Lichfield District.

Please tick the level of permission you give below;

- I give full consent to be contacted via phone and email
- I give full consent to be contacted via phone ONLY
- I give full consent to be contacted via email ONLY
- I do not wish to be contacted

Photography / Media Consent

It is understood that video film and photographs will be taken during Active Lichfield sessions for promotional purposes by LDC and partner organisations. Please relevant box regarding social media uploads.

Please tick the level of permission you give below;

- I agree to photographs and videos being taken of the participant for promotional and social media purposes.
- I agree to photographs and videos being taken of the participant for promotional purposes but not for social media
- I do not agree to photographs or video being taken of the participant

Medical Information / Consent

Medical Information

Is the participant in good health and capable of taking part in sport and physical activity?

- Yes
- No

Does the participant suffer from any medical conditions that we should be aware of?

- Yes
- No

If yes please specify any medical conditions including medication;

Doctors Details;

Please include doctors name is known, address and telephone number;

Medical Consent

Please tick one of the following regarding medical consent corresponding to the statements acknowledged below;

- I agree to Medical Consent
- I disagree to Medical Consent

Medical Declaration

I confirm that all medical information given is correct and up to date.

I understand & consent given that, in the event of any illness/accident, any necessary emergency treatment can be administered and that staff/volunteers cannot be held responsible for any loss, damage or injury suffered to the participant.

I understand that medicine cannot be administered to participants. If Medication is required this should be disclosed and administered by a parent/guardian or self- administered by the participant.

Please tick to acknowledge the above statement

Declarations

Information Declaration

Please tick to agree to the following statement before participating;

- I can confirm that I understand the above and the information provided on this form is correct to the very best of my knowledge. It is my responsibility to seek the advice and approval of my doctor before undertaking regular exercise.

Data Declaration

Please tick to acknowledge the statement before submitting;

- By submitting this form, I consent to Lichfield District Council processing my ordinary and special personal data for the purposes outlined in the [privacy notice](#) on the Active Lichfield Website.

Participant Signature

Participant Signature	
Date	