



## Learn 2 Run to 5k: Ashbourne 2014

This is a Meath Local Sports Partnership led initiative

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Address: \_\_\_\_\_

Mobile Contact No.: \_\_\_\_\_ Email Address: (please print) \_\_\_\_\_

**Next of Kin (in event of emergency) Name:** \_\_\_\_\_

**Contact telephone no: (Landline)** \_\_\_\_\_ **(Mobile)** \_\_\_\_\_

### Declaration & Release

I grant permission to Meath Local Sports Partnership to use my name/photo in related media promotions and for advertising or communicating the purpose and activities of Meath LSP Programmes.

Please circle yes or no

Yes

No

If a medical emergency should arise during my participation as part of this activity at a time when the participant is not able to give my consent or make arrangements for treatment because of my injuries, the leaders present are authorised to take whatever measures they shall deem necessary to ensure that I am provided with any emergency treatment required, including hospitalisation.

Please circle yes or no

Yes

No

I understand and agree that the information I have detailed in this form may be passed on to the Activity Leader or relevant persons who may be leading the activity in which I am participating in.

Please circle yes or no

Yes

No

### **Terms and Conditions Acceptance:**

You enter the Learn2Run programme at your own risk. Meath Local Sports Partnership Ltd., will not be held responsible for any accident suffered or injury sustained by you from any cause whatsoever or for any property lost, mislaid or stolen whilst attending this programme.

By signing this form I agree:

- To the best of my knowledge the information given is correct and that I know of no other reason why I should not participate in a course of exercise.
- That whilst participating in any physical activity I realise that there is always risk of injury and I enter any exercise programme entirely at my own risk.
- To keep the leader informed should there be any changes in my current health status.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Membership fee €25 for the 8 weeks**

## **PHYSICAL ACTIVITY QUESTIONNAIRE**

1. Is this your first Learn 2 Run to 5k group to participate in Yes No

2. During the last 7 days, on how many days did you walk for at least 10 minutes at a time in your leisure time?

\_\_\_\_\_ days per week                      No walking in leisure time *Skip to question 3*

3. How much time do you usually spend on one of those days walking in your leisure time?

\_\_\_\_\_ hours per day                      \_\_\_\_\_ minutes per day

4. Think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do vigorous physical activities like aerobics, running, fast bicycling, or fast swimming in your leisure time?

\_\_\_\_\_ days per week                      No vigorous activity in leisure time *Skip to question 5*

5. How much time did you usually spend on one of those days doing vigorous physical activities in your leisure time?

\_\_\_\_\_ hours per day                      \_\_\_\_\_ minutes per day

6. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate physical activities like bicycling at a regular pace, swimming at a regular pace or jogging at a regular pace in your leisure time?

\_\_\_\_\_ days per week                      No moderate activity in leisure time *Skip to question 7*

7. How much time did you usually spend on one of those days doing moderate physical activities in your leisure time?

\_\_\_\_\_ hours per day                      \_\_\_\_\_ minutes per day

### **TIME SPENT SITTING**

The last questions are about the time you spend sitting while at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting, lying down to watch television or in your motor vehicle.

8. During the last 7 days, how much time did you usually spend sitting on a weekday?

\_\_\_\_\_ hours per day                      \_\_\_\_\_ minutes per day

9. During the last 7 days, how much time did you usually spend sitting on a weekend day?

\_\_\_\_\_ hours per day                      \_\_\_\_\_ minutes per day

Other, please state \_\_\_\_\_

**The PAR-Q**  
**Physical Activity Readiness Questionnaire**

**Name:** \_\_\_\_\_

**If you answer YES to one or more of the following questions you should consult your doctor before undertaking a programme of physical activity.**

- |  |        |
|--|--------|
| 1. Has your doctor ever said that you have a heart condition and recommended only medically approved physical activity?                                | YES/NO |
| 2. Do you have chest pain brought on by physical activity?   | YES/NO |
| 3. Have you developed chest pain at rest in the past month?  | YES/NO |
| 4. Do you lose consciousness or lose your balance as a result of dizziness?  | YES/NO |
| 5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?   | YES/NO |
| 6. Are you currently on any form of medication (e.g. tablets, inhaler)?  | YES/NO |
| If yes please state _____  |        |
| 7. Are you pregnant, or have you been pregnant in the past three months?   | YES/NO |
| 8. Are you aware, through your own experience or a doctor's advice, of any other reason why you should seek medical approval before exercising?        | YES/NO |
| 9. Are you aware of any medical condition which may affect your participation? in sport and which the leader should be aware of. If so, please detail. | YES/NO |

---

**If you answered YES to one or more of the above questions and you wish to continue on this programme without consulting your doctor you do so at your own risk.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to: Meath Local Sports Partnership, Enterprise Centre, Trim Road, Navan, Co. Meath**