

## Player Information Form

Surname:		Home Address (including postcode)			
First name:					
Title:					M / F
Date of birth:					
Email:		Telephone no:			

### PAR-Q Questionnaire (please answer Y=yes or N=no in right hand column)

Do you have a heart condition or been told you should only do exercise as recommended by a doctor?					
Do you ever feel pain in your chest when you do physical activity?					
Have you ever had chest pain when you are not doing physical activity?					
Do you ever feel faint or have spells of dizziness?					
Do you have a joint problem that could be made worse by exercise?					
Have you ever been told that you have high blood pressure?					
Are you currently taking any medication of which the instructor should be made aware? If so, what?					
Are you pregnant or have you had a baby in the last 6 months?					
Is there any other reason why you should not participate in physical activity? If so, what?					
Signature:		Name:		Date:	

### Emergency Contact Details

Name:		Address:	
Relationship to player:			
Telephone no:			
If under 16, a parent/guardian must sign, giving permission to participate		Name:	Signed:

### Player Needs Analysis

Why I Play Badminton (tick the relevant box)	not important ←-----→ very important				
	1	2	3	4	5
Enjoyment					
Mastering new skills					
Keeping fit					
Rising to a challenge					
Feeling good about myself					
Competition					
Pleasing parents					
Pleasing coaches					
Winning something					
Achieving a dream					
Making new friends					
Being with existing friends					
Other (please state)					
Other (please state)					
Other (please state)					

**Player Information Form**