



Bath Cricket Club
FOUNDED 1859

PLEASE FILL OUT AND BRING WITH YOU TO THE SESSION

Registration and Medical Readiness Questionnaire for Over-50s Walking Cricket

Location : Bath Sports & Leisure Centre

Organisation: Bath Cricket Club

Participant Information:

Name: _____

Age: _____

Contact Number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Doctor's Name: _____

Doctor's Contact Number: _____

Medical History

1. Do you have any of the following medical conditions?

- High blood pressure: Yes / No
- Heart disease or any heart-related condition: Yes / No
- Diabetes: Yes / No
- Respiratory conditions (e.g., asthma, COPD): Yes / No
- Joint or bone problems (e.g., arthritis, osteoporosis): Yes / No
- Recent surgery (within the last 12 months): Yes / No
- History of stroke or transient ischemic attack (TIA): Yes / No
- Any other significant medical conditions: Yes / No

If yes, please specify: _____

2. Do you have any known allergies (medications, foods, etc.)?

- Yes / No

If yes, please specify: _____

3. Are you currently taking any medications?

- Yes / No

If yes, please list: _____

4. Have you experienced any of the following symptoms recently?

- Chest pain during exercise: Yes / No
- Unexplained dizziness or fainting: Yes / No
- Shortness of breath: Yes / No
- Palpitations: Yes / No

5. Do you have any issues with balance or coordination?

- Yes / No

If yes, please specify: _____

Physical Activity Readiness

6. Have you participated in any physical activity in the past 6 months?

- Yes / No

If yes, what type of activity and how often? _____

7. Do you experience any pain, discomfort, or limitations when walking?

- Yes / No

If yes, please describe: _____

8. Do you require any assistive devices for walking (e.g., cane, walker)?

- Yes / No

If yes, please specify: _____

9. Are you currently under any physical therapy or rehabilitation program?

- Yes / No

If yes, please describe: _____

Lifestyle Factors

10. Do you smoke or have you smoked in the past?

- Yes / No

If yes, how many years and when did you quit (if applicable)? _____



Registered Office and Postal Address:
North Parade Bridge Road,
Bath,
BA2 4EX
Tel: 01225 425935
Email: office@bathcricket.com
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11. Do you consume alcohol?

- Yes / No

If yes, how many units per week? _____

12. Do you follow a specific diet (e.g., low salt, diabetic diet)?

- Yes / No

If yes, please specify: _____

13. Do you have any physical or mental health conditions that you feel could affect your ability to participate in walking cricket?

- Yes / No

If yes, please describe: _____

Consent and Declaration

I, _____, declare that the information provided in this form is accurate to the best of my knowledge. I understand that walking cricket is a low-impact sport but still carries some physical risks. I consent to participate in this activity and understand that I should consult my doctor if I have any concerns about my health and fitness.

Participant Signature: _____

Date: _____

Instructor/Coach Review (For Internal Use)

- Medical Clearance Required? Yes / No
- Cleared for Participation: Yes / No
- Notes/Comments: _____

Instructor Signature: _____

Date: _____

This form ensures the participant's health is evaluated properly, minimizing risks and helping the coach or program manager make informed decisions about participant safety.

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