

HEARTBEAT The Brighouse Heart Support Group

Membership Form

No.

Title

Full Name

Address

Town

Post Code

Telephone

Mobile

E-mail address

Emergency Contact Name

Emergency Contact Phone Number

Year of Birth, example 1947:

Registered Disabled? Yes / No*

Which HEARTBEAT activities will you attend? (tick each box that applies):

Exercise Classes

Tai Chi Classes

Walks

Health Walks

Social Events

Fairs

I meet the following criteria to be a member of HEARTBEAT (tick each box that applies)

Had a Cardiac Event

Diabetic Type 1 or 2

High Blood Pressure

High Cholesterol

Overweight, BMI >25

Carer For A Member

Other Medical Conditions

Disclaimer

I the undersigned, accept and understand that my participation in any exercise, walking activity or social event, run by or on behalf of HEARTBEAT the Brighouse Heart Support Group is entirely voluntary and at my own risk, and any injury or illness sustained as a result of such participation shall be deemed to be my own responsibility. I also confirm that I have obtained approval from my GP or Consultant to participate in an exercise / walk programme.

Signature.....Date.....

My GP/Nurse is:

Surgery

My GP/Nurse has agreed I would benefit from taking part in supervised Exercise Classes / Tai Chi classes / Health Walks / Walks*

GP / Nurse Signature.....Date.....

I understand that this information whilst remaining private and not shared with any other outside source, will be added to HEARTBEAT's database. The information will only be used for membership purposes, i.e. Membership Analysis, Newsletters and any other communications appertaining to normal HEARTBEAT activity plus recording your membership details.

I do Wish / Not Wish* my details to be added to the HEARTBEAT database. * delete as applicable