

Please complete all sections of this form, which will form the basis of your membership record.

I wish to join the exercise classes of the Wharfedale General Hospital Cardiac Club ("the Club") and in doing so accept that I am exercising at my own risk. If, at any time in the future, there are any changes to my medical condition and/or my medication, which might affect my suitability to exercise, I will inform the Club's instructors at the earliest opportunity.

Name (please print):

Address:

Post Code:

Mobile Phone:

Other Phone:

Email address:

Facebook: Yes / No

I have completed the Phase 3 Cardiac Rehabilitation course Yes / No

or, I am providing a letter from my GP confirming I am suitable for Phase 4 exercise Yes / No

Emergency Contact:	Name:	Relationship:	Phone:
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How/where did you hear about us (please tick one)?

Hospital	Phase 3	Cardiac Nurse	Take Heart
GP/Doctor's Surgery	Poster/leaflet	Internet Search	Newspaper/Magazine
Other (please state)			

Data Protection (as required by the General Data Protection Regulations)

By signing this form, you give consent for the Wharfedale General Hospital Cardiac Club ("the Club") to retain the personal data supplied by you on this form and on any Phase 3 referral form and/or any data given by your GP or other medical professional. Such data will be retained securely and will only be used as a record of your fitness to exercise when you joined the Club and for providing you with occasional information relating to the Club and for contacting your emergency contact in the event of an emergency and for analysing attendance records for management purposes. You or your legal representative may request at any time that all data held by the club relating to you is deleted and you may request at any time a copy of all such data. Any such request must be made in writing to the Club's Secretary and deletion of data relating to you may affect your eligibility to attend exercise classes.

Signed by member	Signed by instructor to confirm that medical information provided indicates that member is suitable to exercise.	Signed by Membership Secretary on completion of membership records.
Date	Date	Date