



**generation** TRANSFORMATION 2019

## Team Entry Sheet

**AREA:** \_\_\_\_\_

**1.** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**2.** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**3.** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**4.** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**5.** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**6.** \_\_\_\_\_ **AGE:** \_\_\_\_\_

We are looking for 6 per team to represent their area;  
Stradbally, Vicarstown or Timahoe.

## **TERMS & CONDITIONS:**

Even Number Of Teams Per Area

Each Team Generation Must Have

- Grandparent / Mature Person
- 1 Secondary School Student
- 1 Primary School Pupil (5<sup>th</sup> & 6<sup>th</sup> Class ONLY)
- The Other 3 Members Can Be A Mix In Any Order 2 Male And 1 Female Or 2 Females 1 Male Or 3 Males 3 Female.

We will kick-start this six week challenge on January 12th at Ballykilcavan House, Stradbally with a 3KM & 5KM walk starting at 11AM. Everyone is free to join along in our events.

Weekly events will be held in the three areas for all generations to improve their fitness and progress to achieve their own set goals.

Chemco Chemist in Stradbally have come on board to assist in helping each group to monitor their weight and blood pressure.

A halfway point team building session will be held in Timahoe on Saturday, February 2nd at 11AM.

The Finale will be held in Vicarstown on Saturday, February 27th at 11AM, following the parkrun at 9.30AM.SVT Generation Transformation 2019

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life.

**PLEASE READ EACH QUESTION CAREFULLY AND ANSWER EVERY QUESTION HONESTLY. (CIRCLE THE APPROPRIATE ANSWER)**

1. Do you have a heart condition and should only do physical activity recommended by a physician? **YES / NO**
2. When you do physical activity, do you feel pain in your chest? **YES / NO**
3. When you were not doing physical activity, have you had chest pain in the past month? **YES / NO**
4. Do you ever lose consciousness, or do you lose your balance because of dizziness? **YES / NO**
5. Do you have a joint or bone problem that may be made worse by a change in your physical activity? **YES / NO**
6. Is a physician currently prescribing medication for your blood pressure or heart condition? **YES / NO**
7. Are you pregnant? **YES / NO**
8. Do you know of any other reason you should not exercise or increase your physical activity? **YES / NO**
9. Do you suffer from Epilepsy? **YES / NO**
10. Do you suffer from Diabetes? **YES / NO**

**If you answered yes to any of the above questions, talk with your doctor BEFORE you become physically active. Tell your doctor of your intention to exercise and which questions you answered 'YES' to. If at any stage your health changes, resulting in a 'YES' answer to any of the above questions, please seek guidance from a GP. All parties participating in the events must agree to do so at their OWN RISK. Neither SVT Activity & Wellness Hub nor its Directors, Agents or Employees accept any responsibility howsoever caused for any injury or damage suffered by any person participating in these events.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_