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# Jack Attack - Team Registration Form

Please complete the below form and return it to your Jack Attack host venue.

**VicHealth** and **La Trobe University** are currently assisting **Bowls Victoria** research the benefits of participating in the sport of bowls, particularly the ***Jack Attack*** program. Please note the two additional questions included are for data collection purposes only, and participants will only be contacted directly should they select ‘yes’ and opt in.

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| Program Details |
| **Bowls Club:** |  | **Team Name:** |  |

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| Player 1 (Main Contact Person) |
| **Name:** |  | **Gender:** |  |
| **Date of birth:** |  | **Postcode:** |  |
| **Email Address:** |  | **Telephone:** |  |
| **In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate?** This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job. Total Days : \_\_\_\_(Please place a single digit between 0-7) |
| LaTrobe University would like to talk to some participants over the telephone about their experiences with Jack Attack. Would you be interested in talking about your experience? (Please tick the box)€Yes€No |

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| Player 2 |
| **Name:** |  | **Gender:** |  |
| **Date of birth:** |  | **Postcode:** |  |
| **Email Address:** |  | **Telephone:** |  |
| **In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate?** This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job. Total Days : \_\_\_\_(Please place a single digit between 0-7) |
| LaTrobe University would like to talk to some participants over the telephone about their experiences with Jack Attack. Would you be interested in talking about your experience? (Please tick the box)€Yes€No |

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| Player 3 |
| **Name:** |  | **Gender:** |  |
| **Date of birth:** |  | **Postcode:** |  |
| **Email Address:** |  | **Telephone:** |  |
| **In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate?** This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job. Total Days : \_\_\_\_(Please place a single digit between 0-7) |
| LaTrobe University would like to talk to some participants over the telephone about their experiences with Jack Attack. Would you be interested in talking about your experience? (Please tick the box)€Yes€No |

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| Player 4 (if required)  |
| **Name:** |  | **Gender:** |  |
| **Date of birth:** |  | **Postcode:** |  |
| **Email Address:** |  | **Telephone:** |  |
| **In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate?** This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job. Total Days : \_\_\_\_(Please place a single digit between 0-7) |
| LaTrobe University would like to talk to some participants over the telephone about their experiences with Jack Attack. Would you be interested in talking about your experience? (Please tick the box)€Yes€No |

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| Player 5 (if required) |
| **Name:** |  | **Gender:** |  |
| **Date of birth:** |  | **Postcode:** |  |
| **Email Address:** |  | **Telephone:** |  |
| **In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate?** This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job. Total Days : \_\_\_\_(Please place a single digit between 0-7) |
| LaTrobe University would like to talk to some participants over the telephone about their experiences with Jack Attack. Would you be interested in talking about your experience? (Please tick the box)€Yes€No |

Please note: Additional team members can be added as required.