**PAR-Q & YOU**

**Your Personal Details**

Client Name: ………………………………………….

DoB: ……………………………………………………….

Address: …………………………………………………

Postcode: …………………………………………

Email: ……………………………………………….

Phone: ……………………………………………….

**Emergency Contact Details**

Name: …………………………………………………

Relation: ……………………………………………….

Address: ……………………………………………….

Postcode: …………………………………………

Email: ……………………………………………….

Phone: ……………………………………………….

**Physical Activity Readiness Questionnaire (PAR- Q)**

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Please read the questions carefully and answer each one honestly: check YES or NO.

Q1 Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

* Yes
* No

Q2 Have you ever felt pain in your chest when you do physical exercise?

* Yes
* No

Q3 In the past month, have you had chest pain when you were not doing physical activity?

* Yes
* No

Q4 Do you often feel faint, have spells of severe dizziness or have lost consciousness?

* Yes
* No

Q5 Have you ever suffered from unusual shortness of breath at rest or with mild exertion?

* Yes
* No

Q6 Has the doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or that may be made worse by exercise?

* Yes
* No

Q7 Do you have either high or low blood pressure. If yes, which type?

* Yes
* No

Q8 Are you currently on any prescribed medicines that may affect your ability to exercise?

* Yes
* No

Q9 Are you pregnant or have you had a baby in the last 6 months (females only)?

* Yes
* No

Q10 Do you know of any other reason that would affect your ability to participate in physical activity?

* Yes
* No

If you answered YES to one or more questions: Talk to your doctor either in person or by phone before you start becoming more physically active and/or taking a fitness appraisal. Tell your doctor what questions you answered yes to on this form. You may still be able to do any activity you want as long as you start slowly and build up gradually or it may be that you need to restrict your activities to those which are safe for you.

Disclaimer

 I (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that my participation in exercise programmes, classes or events and any related activity conducted by Jolanta Radko or Jordan Tebb, (J-Active), is voluntary and at my own risk. I am aware that exercise can be physically stressful and, in certain instances, can even result in injury or cause death. The levels of exercise that I will perform will be at my own pace, based upon my cardio-respiratory (heart & lung) fitness, muscular strength and endurance. I hereby state that I will inform the trainer of any symptoms (e.g. fatigue, shortness of breath, chest discomfort, any pain/discomfort/concern for my safety/benefit) during my participation in exercise. If I have high blood pressure, diabetes, a heart condition, an existing injury, recent surgery or if I am taking any prescribed medications that could affect my performance, I will inform the trainer prior to participating in any exercise.

Understand that I will be given instructions on how to perform an exercise and use equipment and I will ask the trainer any questions if I do not understand.

By signing this form I also (~~CROSS~~ if not preferred)

* Wish to be informed about all upcoming Events and agree for my email to be added to J-Active Newsletter List.
* I agree that if any videos or pictures taked during the training session, may be used for marketing purposes such as Social Media, Email Marketing and understand that I have rights to change my preferences any time.

Jolanta Radko or Jordan Tebb (J-Active), will not be liable for any injuries or damage arising out of participation or use of facilities to the undersigned. It is agreed that, Jolanta Radko or Jordan Tebb (J-Active) shall not be responsible or liable to the undersigned for articles lost or stolen whilst making use of the facilities. I acknowledge that I have read this document in its entirety and understand the above. I have had the opportunity to ask questions and receive answers.

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian (if under the age of 18 years): ………………………………………………………..