

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

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.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT
or GUARDIAN (for participants under the age of majority) _____

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.





Rep: _____ Date: ____/____/____

Follow-up: ____/____/____

Notes: _____

FIRE CLIENT MEMBERSHIP APPLICATION

Client Name: _____ Birthdate: ____/____/____ Phone #: (____) _____ - _____

Street Address: _____ City: _____ Zip Code: _____

Email: _____ How did you hear about us? _____

What is your #1 reason for seeking an exercise program? (Select only one)

- Lose Body Fat
- Gain Muscle
- Improve Strength
- Flexibility
- Improve Performance
- Increase Confidence

What best describes you with your fitness level right now?

- Fitness Guru
- I am on a serious workout program
- I work out a couple times per week on a consistent basis
- I work out when I can fit it into my busy schedule
- I do not work out at all right now

How long have you been thinking of doing something different than your current workout regimen? _____

What (if anything) has ever held you back in the past from engaging in a fitness program?

- Time
- Laziness
- Other: _____
- Cost
- Kids

Do you have any pre-existing conditions, such as Heart Disease, Asthma, Diabetes, etc.? YES _____ NO _____

> If yes, please list: _____

How often do you find yourself thinking about your overall physical appearance?

- Not at all
- Rarely
- Sometimes
- Often
- All the time

Ultimately, what is your #1 expectation of us or any other fitness program you were to join?

> _____

Release of Liability

1. In consideration of being allowed to participate in a fitness assessment, personal fitness program, or fitness boot camp provided by the trainer and to use his/her facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge Trainer and his/her agents, employees, representatives, executors (including but not limited to FIRE Fitness Camp De Pere and all others acting on his/her behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on his/her behalf, arising out of or connected with my participation in any activities, programs or services of Trainer or the use of any equipment provided and/or recommended by Trainer. (Initials: _____)

2. I have been informed of, understand and am aware that any exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that any exercise and/or fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury regardless of severity or death.
(Initials: _____)

3. I do hereby further declare myself to be over the age of eighteen as of the date of signing this document, physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities, whether or not the activities require the use of any equipment. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the fitness program. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment.
(Initials: _____)

4. I understand that all information and services provided by Trainer is of a general nature and is provided for educational purposes only. None of the information or services provided by Trainer is to be taken as medical or other health advice pertaining to any specific health or medical condition that I may have or have had. The information and services provided by Trainer is not a diagnosis, treatment plan, or recommendation for a particular course of action regarding my health and is not intended to provide specific medical advice.
(Initials: _____)

5. I give FIRE Fitness Camp De Pere exclusive rights to any and all pictures and/or videos taken of me while participating at Fire Fitness. I also give permission to FIRE Fitness Camp to use my pictures and video footage for ANY social media or advertisements of any kind such as but not limited to Facebook, YouTube, print ads etc.
(Initials: _____)

Signature

Print Name

Date

Witness Signature

Print Name

Date