

PAR-Q

Physical Activity Readiness Questionnaire

Please complete this form before taking part in any physical activity or an exercise class. If you are between the ages of 16 and 69 the questionnaire will tell you whether you should consult with a doctor before you participate. If you are over 69 years old and not used to being very active, please check with your doctor. If you are under 16, please speak with the instructor before participating to see whether the class is suitable. **Answer YES or NO** to the questions below. All information will be treated confidentially. PAR-Qs **MUST** be completed fully and correctly with a valid signature. Failure to do so waives ALL responsibility for your participation from the Instructor.

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|----------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1. Has your doctor ever said that you have a heart condition or that you should only do exercise recommended by a doctor? | YES | NO |
| 2. Do you ever feel pain in your chest when you do physical activity? | YES | NO |
| 3. Have you ever had chest pain when you were not doing physical activity? | YES | NO |
| 4. Do you ever feel faint or have spells of dizziness? | YES | NO |
| 5. Do you have a joint problem that could be made worse by exercise? | YES | NO |
| 6. Have you ever been told that you have high blood pressure? | YES | NO |
| 7. Are you currently taking any medication that the instructor should be aware of? | YES | NO |
| If yes, please state: _____ | | |
| 8. Are you pregnant? | YES | NO |
| 9. Have you had a baby in the last four months? | YES | NO |
| <i>If you answered YES to questions 8 or 9, these sessions are NOT suitable and you should NOT participate.</i> | | |
| 10. Is there anything else that might affect your participation in physical activity? | YES | NO |
| If yes, please state: _____ | | |

If you have answered YES to one or more questions:

Talk with your doctor about the activity you wish to participate in and follow their advice before attending. The class might be suitable if you work at your own level or you might need to restrict certain activities.

If you have answered NO to all questions:

You can be reasonably sure that you can take part in physical activity.

REMEMBER:

If your health changes so you subsequently answer YES to any of the questions, please consult your doctor and inform the instructor.

I hereby declare that I am physically fit to take part in the class and am not aware of any other reason that might affect my exercise. I confirm I have been given my doctor's consent to participate, or I have decided to participate without consent and therefore assume all responsibility for my participation. I agree to follow the instructor's advice with regards to participation and understand that should I not adhere to the instructor's guidelines, I assume all responsibility for incidents that occur during my participation. I understand that the warm up and cool down are essential parts of the class and if I arrive late or leave early and choose to participate, I assume responsibility for my own warm up and cool down. I realise that participation in activities could result in injury.

NAME: _____

ADDRESS: _____

SIGNATURE (or parent/guardian if under 18): _____

EMAIL: _____

TEL: _____

EMERGENCY CONTACT & PHONE: _____

By signing this I also agree to be added to the Email newsletter list to be updated on any class changes, forthcoming classes and new courses. You can unsubscribe at any time. If you would prefer NOT to be added, it is your responsibility to check www.gemmaquinnells.co.uk on a regular basis to ensure classes are running to schedule. If you do not want to be added to the mailing list, tick here _____. Please note, class changes will only be notified by email and on the website. If you do not have access to either, you should contact Gemma directly on 07708 167125 for class updates.