

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Name: Date of birth:

Tel: Email:

Please read carefully and answer honestly:

Tick YES or NO. If you answer “yes” to any of the questions you may need your doctor’s consent before you participate in our classes.	YES	NO
Do you have chest pain brought on by physical activity?		
Have you developed chest pain in the last month?		
To your knowledge, do you have high blood pressure?		
To your knowledge, do you have low blood pressure?		
To your knowledge, do you have a heart condition?		
Has a doctor ever recommended/prescribed medication for your blood pressure or a heart condition?		
Has your doctor ever said you have raised cholesterol?		
Do you lose consciousness or fall over as a result of dizziness?		
Do you have a bone or joint problem that could be aggravated by physical activity?		
Do you have diabetes or any other metabolic disorder?		
Do you have epilepsy?		
Are you aware, through your own experience or from a doctor’s advice, of any other reason why you should not do physical activity without medical supervision?		

Please outline any other relevant information that may affect your ability to exercise:

Known allergies:

Pre-existing conditions:

Current medication:

Other information:

.....

Please turn over to complete the form ...

If you answered YES to one or more questions, are pregnant or suffer from a medical condition, we strongly recommend that you seek medical advice before participating.

If you have not already done so, consult with your doctor by telephone or in person before increasing your physical activity. Inform your doctor of the questions that you answered YES to on the PAR-Q or present your PAR-Q copy. After medical evaluation, seek advice from your doctor as to your suitability for unrestricted physical activity and participation in group exercise/dance/fitness classes.

If you answered NO to all questions:

If you answered honestly and accurately, you have reasonable assurance of your present suitability for physical activity. Please notify your instructor if your condition changes.

Assumption of risk/Informed consent:

I hereby state that I have read, understood and answered honestly all the questions on this PAR-Q. I also state that I wish to participate in activities which may include resistance training and aerobic exercise including dancing and stretching. I realise that my participation in these activities involves the risk of injury and even the possibility of death.

I hereby confirm that I am voluntarily engaging in these activities and that Rebecca Blower will not be held responsible for any injury, loss or harm of any kind that may result directly or indirectly from my participation.

I realise that my body's reaction to physical activity is not totally predictable. Should I develop a condition that affects my ability to exercise I will inform Rebecca Blower immediately and stop exercising if necessary. I take full responsibility for monitoring my own physical condition at all times.

Signed: Date:

I confirm that I have taken medical advice and my doctor has agreed that I should exercise and am safe to participate specifically in group exercise classes taught by Rebecca Blower/Hinckley Dance Fitness.

Signed: Date: