



Township of Woolwich Recreation & Facilities Services

Registration Information (Please Print):

Name:		
Address:		
Postal Code:	Daytime Phone:	Evening Phone:
Name of Program:	Cost:	
Day & Time:	Session:	
Location:		
Emergency Contact:	Phone:	

Physical Activity Readiness Questionnaire:

**Please be aware that all information on completed forms will be confidential*

As promoters of a healthy lifestyle, we're concerned about your well being when participating in our programs. To help identify the type of activity that is best suited to each individual, we are asking you to complete a PAR-Q as part of the fitness program. This questionnaire is designed to identify individuals for whom an increased physical activity might be inappropriate or those who should seek medical attention prior to program commencement.

Please read carefully and answer "Yes" or "No" to the following questions:

- | | | |
|--|-----|----|
| 1. Has your family doctor said that you have heart trouble? | Yes | No |
| 2. Do you frequently have pains in your heart or chest? | Yes | No |
| 3. Do you often feel faint or have dizzy spells? | Yes | No |
| 4. Has your doctor ever said that your blood pressure was too high? | Yes | No |
| 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by or might be made worse with exercise? | Yes | No |
| 6. Are you unaccustomed to a steady increase in your physical activity level? | Yes | No |
| 7. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? | Yes | No |
| 8. Do you take medication on a regular basis (heart, asthma)? | Yes | No |

If Yes please list the medication's name _____

If you answered "Yes" to any of the above questions, are pregnant, or over the age of 70 years, you should consult your physician to increasing your physical activity level. Explain or show your doctor the questions listed above that you answered "Yes" to.

Is there any additional information the staff should be aware of? _____

INFORMED CONSENT AGREEMENT

I, the undersigned, **HAVE READ** the above questionnaire and have answered each question to the best of my knowledge. Further, I understand that if I have answered "Yes" to any of the above questions, I should seek advice from my physician as to whether this program is a suitable choice and will do so prior to my participation.

I HEREBY ACKNOWLEDGE that certain risks of injury are inherent to participation in sports and recreational activities. These types of injuries may be minor or serious and may result from one's own actions, or the actions or inactions of others, or a combination of both.

I UNDERSTAND that certain activities require a minimum level of fitness and health (physical, mental and emotional) and that each person has a different capacity for participating in these activities.

I HEREBY WARRANT being physically fit to participate and understand that the choice to participate brings with it the assumption of those risks and results which are a part of these activities.

I UNDERSTAND that the rules and regulations are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations.

I AGREE that the Township of Woolwich or its employees, servants or agents shall not be liable for any injury to my person or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities.

It is my express intent that this informed consent agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives.

I DECLARE having read and understood the above Informed Consent Agreement in its entirety and hereby consent to participate and acknowledging all of the foregoing.

Signature: _____

Date: _____