

Membership Application : Prospect Rd Community Fitness Centre

Name (Please Print): _____ Phone Number: _____

Street Address: _____ Postal Code: _____

Date of Birth: _____ Emergency Contact: _____

Membership Package: _____ Email: _____

Parental Consent (if under 19yrs) _____

Thank you for choosing the Prospect Rd Community Fitness Centre. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following INFORMED CONSENT AGREEMENT.

I, _____, DECLARE that I intend to use some or all of the equipment and services offered by the Prospect Rd Community Centre and I understand that each person, (myself included) has a different capacity for participating in such programs and services. I AM AWARE that all activities, services, equipment and programs offered are educational, recreational or self-directed in nature. I assume full responsibility during and after my participation, for my choices to use or apply, at my own risk any portion of the information or instruction I receive.

The Prospect Rd Community Fitness Centre is not responsible for lost or stolen items.

I ACKNOWLEDGE that my choice to participate in any activity, service and program of the Prospect Rd Community Fitness Centre bring with it the assumption by me of those risks or results stemming from this/these choices and the fitness, health, awareness, care and skill that I possess and use. In addition, UNDERSTAND that I am free to withdraw from, reduce or modify my involvement in any program activity and I realize that I should do so upon recognition of any signs of transient lightheadedness, fainting, chest discomfort, leg cramps nausea etc.

I FURTHER UNDERSTAND that the activities, programs and services offered by the Prospect Rd Community Fitness Centre are sometimes conducted by personnel who may not be licensed, certified or registered instructors or professionals. I ACCEPT the fact that the skills and competencies of some employees and or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

In addition, I ACKNOWLEDGE that I have inquired about the nature of any activity, program or services that I am not completely familiar with and I have been informed of any inherent risks.

I DECLARE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE CONTENTS OF THIS INFORMED CONSENT AGREEMENT IN ITS ENTIRETY.

Participant

Date

Witness

Date

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 _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

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.