

Fitness Centre Membership & Health Clearance Form

(Includes PAR-Q, Membership Rules, and Informed Consent)

Member Information

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact: _____ Phone Number: _____

Physical Activity Readiness Questionnaire (PAR-Q)

(For individuals aged 15–69)

Please answer **YES** or **NO** to each question honestly.

Question	YES	NO
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

Question	YES	NO
Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem that could be made worse by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing medication for blood pressure or a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any other reason why you should not do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

PAR-Q Results

- **If you answered NO to all questions:**
You may begin physical activity, starting slowly and increasing gradually.
- **If you answered YES to one or more questions:**
You must consult a doctor **before** beginning or increasing physical activity. Proof of doctor approval to start physical activity is required.

This clearance is valid for **12 months**, unless your health status changes

Fitness Centre Rules & Expectations

Failure to follow these rules may result in suspension or termination of membership.

Safety & Equipment Use <ul style="list-style-type: none"> • Use equipment only as intended • Ask staff for assistance when unsure • Do not drop or misuse equipment 	Hygiene & Attire <ul style="list-style-type: none"> • Wear proper athletic clothing and closed-toe footwear • Wipe down equipment after use • Maintain personal hygiene
---	---

<p>Courtesy & Shared Use</p> <ul style="list-style-type: none"> • Limit time on equipment during busy periods • Allow others to work in when possible 	<p>Personal Belongings</p> <ul style="list-style-type: none"> • Lockers are for day use only • The Fitness Centre is not responsible for lost or stolen items
<p>Facility Use</p> <ul style="list-style-type: none"> • Follow posted signage and staff instructions • No food, glass containers, alcohol, drugs, smoking, or vaping 	<p>Respect & Conduct</p> <ul style="list-style-type: none"> • Treat staff and fellow members with respect • No harassment, abusive language, or inappropriate behavior
<p>Personal</p> <ul style="list-style-type: none"> • Activities are recreational or self-directed • Staff or volunteers may not be licensed health professionals • No medical diagnosis or treatment is provided • I may stop or modify activity at any time if I feel unwell • The Fitness Centre is not responsible for personal property 	<p>Use of Cards</p> <ul style="list-style-type: none"> • Each member must have their own card/pass to access the Centre. • There will be no sharing of cards to enter the Fitness Centre • Members are NOT PERMITTED to use their own card to allow another member into the Fitness Centre • Violation could result in membership cancellation
<p>Broken Machines/Repairs</p> <ul style="list-style-type: none"> • Members are not allowed to use machines that have been posted as “OUT OF USE” • Members must notify staff of machine malfunction immediately 	<p>Refunds</p> <ul style="list-style-type: none"> • Membership sales are final • There are no refunds for a membership or cancellations allowed, only holds.

Membership Policies (Summary)

- **Vacation Holds:**
Up to **4 months per hold**, maximum **2 per year**, must be requested in advance.
 - **Medical Holds:**
Medical documentation required. Holds are not backdated.
 - **Membership Transfers:**
Allowed only to immediate family members at the same address with proof.
-

Member Declaration

I confirm that I have read, understood, and agree to all sections of this document, including the PAR-Q, Fitness Centre Rules, Membership Policies, and Informed Consent.

Member Name (Print): _____ **Signature:** _____

Date: _____

Parent/Guardian (if under age of 19):

Name: _____ **Signature:** _____

Date: _____

Fitness Centre Use Only

Membership Type: _____

Start Date: _____

Staff Name & Signature: _____

Date: _____