

PAR-Q FORM

WWW.EMPIREDANCEFITNESS.COM

Name:

Date of Birth:

Home Address:

Emergency Contact Details:

Does you have or ever experienced the following? *(Please circle relevant answer)*

Diabetes	yes/no
Chest pains brought on by physical exertion	yes/no
Epilepsy	yes/no
Dizziness or fainting	yes/no
A bone, joint or muscular problem or arthritis	yes/no
Asthma or other respiratory problems	yes/no
Any sustained injuries or illnesses	yes/no
Any allergies	yes/no
Are you taking any medication	yes/no
Has anyone in your family had a heart problem ?	yes/no
Have you been in hospital over the last 6 months?	yes/no

If yes, please give details here:

Is there any reason not mentioned above why any type of physical activity may not be suitable for you? yes/no

Are you pregnant or have been in the last 6 months? yes/no

If YES, please give details here:

In signing this form, I the participant affirm that I have read this form in its entirety and I have answered the questions accurately and to the best of my knowledge.

Note:

You may occur bruises due to the nature of the fitness.

Physical spotting will not occur during the classes due to the nature of the online class.

I understand that all accidents will be documented, and that I will be informed. I understand that if the Instructor requires further information about my illness or disability in order to be included in the activities I will endeavour to make sure this information is available to him /her.

Signed:

Date:

NOTES: