

Par-Q

(Physical Activity Readiness Questionnaire)

A questionnaire for People ages 15 and Up

Participant's First Name	Participant's Last Name	MI	Date of Birth
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Address	Phone
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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 age 15 or over, 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, circle yes or no.

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|-----|----|---|
| YES | NO | Has your doctor said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| YES | NO | Do you feel pain in your chest when you do physical activity? |
| YES | NO | In the past month, have you had chest pain when you were not doing physical activity? |
| YES | NO | Do you lose your balance because of dizziness or do you ever lose consciousness? |
| YES | NO | Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| YES | NO | Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| YES | NO | Do you know of any other reason 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. Speak with your doctor about the kinds of activities you wish to participate in and follow his/her advise.
- Find out which community programs are safe and helpful for you.

Name of personal physician	Physician's phone
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Physician's address

Limitations and medications

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.

- 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.

Continued on other side

IF YOU ANSWERED NO to all questions:

If you answered no honestly to all questions, you can be reasonable 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.

Informed Consent for Exercise Program

I desire to engage voluntarily in the Grants Pass Family YMCA exercise program in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the cardio-respiratory system and to thereby attempt to improve its function. The reaction of the cardio-respiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of the exercise program is to develop and maintain cardio-respiratory fitness, body composition, flexibility and muscular strength and endurance. A specific exercise plan will be given to me, based on my needs and interests and my doctor's recommendations. All exercise programs include warm-up, exercise at target heart rate and cool down. The programs may involve walking, jogging, swimming, or cycling (outdoor and stationary); participation in exercise fitness, rhythmic aerobic exercise or choreographed fitness classes; or calisthenics or strength training. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate and perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I also affirm that my questions regarding the exercise program have been answered to my satisfaction.

In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in the Grants Pass Family YMCA exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the Grants Pass Family YMCA and its staff members conducting the exercise program from any and all claims, suits, losses, or related cause of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from the exercise program.

Participant's signature

Date

Parent or Guardian signature of minor participant

Date