

CEDARS YOUTH & COMMUNITY CENTRE

Physical Activity Readiness Questionnaire

Name: _____ Date of Birth: ____/____/____ Male/Female

Address: _____

Post Code: _____

Mobile Number: _____ E-mail: _____

- PAR-Q is designed to help identify the small number of people for whom physical activity might be inappropriate or those who should take medical advice concerning the type of activity most suitable for them.

- Common sense is your best guide to answering these few questions. Please read them carefully and tick the YES/NO box opposite the question if it applies to you

		YES	NO
1	HAS A DOCTOR/MEDICAL PROFESSIONAL EVER DIAGNOSED YOU WITH A HEART CONDITION AND INDICATED YOU SHOULD RESTRICT YOUR PHYSICAL ACTIVITY?		
2	WHEN PERFORMING PHYSICAL ACTIVITY, DO YOU FEEL PAIN IN YOUR CHEST?		
3	WHEN YOU WERE NOT ENGAGING IN PHYSICAL ACTIVITY, HAVE YOU EXPERIENCED CHEST PAIN IN THE PAST MONTH?		
4	DO YOU EVER FEEL FAINT OR GET DIZZY AND LOSE YOUR BALANCE?		
5	DO YOU HAVE AN INJURY OR ORTHOPAEDIC CONDITION (SUCH AS BACK, HIP, OR KNEE PROBLEM?) THAT MAY WORSEN DUES TO A CHANGE IN YOUR PHYSICAL ACTIVITY?		
6	ARE YOU PREGNANT OR HAVE YOU GIVEN BIRTH IN THE LAST 6 WEEKS?		
7	DO YOU HAVE INSULIN DEPENDENT DIABETES?		
8	DO YOU HAVE A HISTORY OF LUNG PROBLEMS?		
9	DO YOU HAVE EPILEPSY?		
10	DO YOU SUFFER FROM EXERCISE INDUCED ASTHMA OR OTHER RESPIRATORY PROBLEMS?		
11	HAVE YOU HAD A RECENT OPERATION/CHRONIC ILLNESS/INJURY?		
12	DO YOU HAVE HIGH BLOOD PRESSURE OR A HEART CONDITION IN WHICH A DOCTOR/MEDICAL PROFESSIONAL IS CURRENTLY PRESCRIBING A MEDICATION?		
13	ARE YOU 69 YEARS OF AGE OR OLDER AND NOT USED TO BEING VERY ACTIVE?		
14	DO YOU SMOKE?		
15	ARE YOU CURRENTLY TAKING ANY MEDICATION?		
16	DO YOU KNOW OF ANY OTHER REASON YOU SHOULD NOT EXERCISE OR INCREASE YOUR PHYSICAL ACTIVITY?		

If you have answered NO to all the questions accurately, you have a responsible assurance of your present suitability for:

A GRADUATED EXERCISE PROGRAMME. A gradual increase in proper exercise promotes good fitness and improves overall health while minimising or eliminating discomfort. Postpone entry into the programme if you feel unwell, or have a temporary illness.

SIGNED: _____

DATE: _____



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		YES	NO
1	HAVE YOU EVER FOLLOWED A REGULAR EXERCISE PROGRAM?		
2	HAVE YOU PARTICIPATED IN EXERCISE IN THE LAST 6 WEEKS?		

Is there any other information you feel is relevant or important for us to know?

DECLARATION

- I am aware of and understand the potential risks associated with physical exercise and i am voluntarily partaking in these activities with a knowledge there of;
- I have had the opportunity to ask questions regarding activities and any questions have been answered to my satisfaction;
- The questions above have been completed to the best of my knowledge and belief;
- I understand that if there is a change in my condition at all, I must inform the Centre Management in order that my training can be re-assessed
- Without prejudice to the above, Watford FC CSE Trust accepts no liability for loss or damage whatsoever nature and how-so ever arising caused to me or suffered by me whilst on the premises, UNLESS such a loss or liability is caused by a negligent act of the Trust.
- I have read, understand and accept the rules, terms and conditions laid down by the Centre and agree to abide by them. I understand that the Trust may from time to time make changes to the Centre without prior notice

SIGNED: _____

DATE: _____

PARENTAL/ CARERS CONSENT

I understand that my child has completed this form in order to use the Easyline Gym Equipment.

I confirm that the information given above is accurate to the best of my knowledge and that I must inform the centre of any changes.

I confirm that my child and I understand the declaration above and the limitations thereof.

I give my permission for my child to use the Easyline Gym Equipment.

SIGNED: _____

DATE: _____

RELATIONSHIP TO CHILD: _____