

**Member Information** *(please print clearly)*

Registration Date: \_\_\_\_\_

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Home Address: Street: \_\_\_\_\_ Province: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (M/D/Y): \_\_\_\_\_ Gender: M  F  Sport: \_\_\_\_\_How did you hear about the ACC?  Coach  Team Mate  Newspaper  Radio  \*Other

\*Specify \_\_\_\_\_

 I do not wish to receive the ACC News Letter via email**Emergency Contact name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_**TEAM TRAINING** *(select one)***Please Indicate Team Below:****Team Name:** \_\_\_\_\_**Start Date:** \_\_\_\_\_**Coach:** \_\_\_\_\_

Process Date: \_\_\_\_\_

**Office Use Only**

Renewal Date: \_\_\_\_\_

Processed by: \_\_\_\_\_

## PAR - Q and YOU

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 doctors 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 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 do only 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 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> that 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.

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. You can also 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.

**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.

*I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction.*

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_

### INFORMED CONSENT AND RELEASE FORM

I, \_\_\_\_\_, acknowledge that my participation in the Athletic Conditioning Centre, its' fitness assessment programs, and any other programs or activities, is voluntary and on non-working time.

I understand that there are potential risks associated with any type of physical activity and the use of exercise equipment (i.e. weight-training, aerobics, cardiovascular exercise, flexibility exercise ...) and I assume wilfully those risks.

I agree that I alone am responsible for assessing whether my participation poses any problem or hazard to me. To assist me in assessing this I agree to properly utilize any questionnaires and/or other recommended assessment mechanisms.

I agree to immediately inform the Athletic Conditioning Centre Staff should there be any change in my medical condition, as this may require another fitness assessment and/or changes to my exercise program to ensure its continuing suitability.

In consideration of being allowed to participate in the activities and programs of the Athletic Conditioning Centre and the use of its exercise equipment and machinery, I do hereby waive, release and forever discharge the Athletic Conditioning Centre, Strength Tek Fitness & Wellness Consultants, its officers, employees, agents or contractors and all others from any responsibility or liability from injuries or damages (including death) resulting from my participation in the above mentioned fitness activities.

**Sign below only when you have read and thoroughly understood this Informed Consent and Release Form**

**Parent or Guardian signature required if under 18 years of age:**

Signature

Witness

Date