Physical Activity Readiness Questionnaire (PAR-Q) Form

SHUTE PARK AQUATIC & RECREATION CENTER 953 SE MAPLE STREET HILLSBORO, OR 97123 503.681.6127

Name____ Date______________________

Street Address__________________________ City, State____________________ Zip__________

Phone Day____________________ Evening____________________ E-mail______________________

Male Female Date of Birth_________________________ Age_________________

Emergency Contact_________________________________ Phone___________________________

Physician Name___________________________________ Phone___________________________

Best days and times to train____

Please read the questions carefully and answer each one honestly; check YES or NO. Common sense is your best guide when you answer these questions. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

	Yes	No
1. Has your doctor ever said you have a heart condition and recommend only supervised physical activity?	θ	θ
2. Do you have chest pain brought on by physical activity?	θ	θ
3. Have you developed chest pain within the last month while physically active?	θ	θ
4. Do you tend to lose consciousness or fall over as a result of dizziness?	θ	θ
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?	θ	θ
6. Has a doctor every recommended medication for your blood pressure or for a heart condition?	θ	θ
7. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision?	θ	θ

If you answered YES to one or more questions, be advised you should talk with your doctor before you start becoming much more physically active. If you answered NO to all questions, you can be reasonably sure that you can start becoming more physically active right now.

Cancellation Policy To cancel or reschedule your training session you must call SHARC at least 24 hours prior to your scheduled appointment time. Failure to do so will result in the forfeit of your training session. You may reschedule your session once.

Informed Consent and Release of Liability In consideration of admission granted to me by the City of Hillsboro Shute Park Aquatic & Recreation Center to use their fitness center and participate in activities, I, the undersigned, waive and release any and all rights that I, my heirs, executors, administrators or assigns may have. I know and fully understand that weight training or aerobic activities involve the risk of serious injury, including death. I voluntarily, knowingly recognize and expressly assume all risks of such injury or death associated with these activities. I verify that I am medically and physically able to participate in these activities.

Having read this Agreement and Liability Release form and knowing the facts, and in consideration of being allowed to participate in these activities. I hereby for myself, my heirs, executor, administrators, assigns, or anyone else who might claim on my behalf, release and forever discharge the City of Hillsboro Shute Park Aquatic & Recreation Center, and their employees, from any responsibility or liability for any damage arising from bodily injury (including death) or property damage or loss as a result of or growing out of my participation in any activity or exercise associated with or using the Shute Park Aquatic & Recreation Center fitness room.

I understand that this Agreement and Liability Release is contractual and I acknowledge that I have read and understand all of the above.

Participant's Signature____ Date____________________

Parent/Legal Guardian's Signature_________________________________ Date____________________
(Required if participant is under the age of 18)

(Office Use Only)- -

Name of Trainer Contacted_________________________________ Date & Time Contacted _______________

Date Client Contacted____

Appointment Date____ Time__________________am/pm

Exercise Health History Questionaire

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Name_______________________________________ Date_______________________

Phone Day______________________ Evening______________________ E-mail______________________

1. Check your **TOP 3 Fitness** goals.
   - θ Reduce body fat
   - θ Improve cardiovascular fitness
   - θ Improve muscle tone
   - θ Exercise regularly/get into routine
   - θ Improve strength
   - θ Improve flexibility
   - θ Injury rehabilitation/management
   - θ Sports training______________________
   - θ Increase muscle mass
   - θ Cross-train
   - θ Have fun!
   - θ Other______________________________
2. Check your **Top 3 Health** and **Lifestyle** goals.
   - θ Manage stress
   - θ Have more energy
   - θ Improve/maintain my quality of life
   - θ Fit into my clothes better
   - θ Feel better about myself
   - θ Physician's recommendations
   - θ Keep up with kids
   - θ Be positive role model for kids, spouse, etc.
   - θ Control blood pressure & cholesterol levels
   - θ Improve/maintain my overall health
   - θ Manage medical condition _______________
   - θ Stop smoking
   - θ Sleep better
   - θ Other ______________________________
3. What types of exercise do you enjoy or seem appealing to you? (Check all that apply)
   - θ walking
   - θ jogging
   - θ swimming
   - θ cycling
   - θ rowing
   - θ yoga
   - θ weight training
   - θ exercise classes
   - θ circuit training
   - θ stretching
   - θ Other ______________________________
4. What barriers seem to get in your way of sticking with your exercise program? (Check all that apply)
   - θ lack of time
   - θ not sure what to do
   - θ don't see results
   - θ work responsibilities
   - θ easily intimidated
   - θ family responsibilities
   - θ get bored
   - θ lack of motivation
   - θ injury/medical condition
   - θ Other______________________________

Have you ever been diagnosed with or been treated for:

		Yes	No
1.	Heart condition or disease	θ	θ
2.	Epilepsy/seizures	θ	θ
3.	Pregnancy (now or within last 3 months)	θ	θ
4.	Diabetes	θ	θ
5.	Asthma or other breathing challenges	θ	θ
6.	Chest pain	θ	θ
7.	Frequent dizziness of loss of balance	θ	θ
8.	Surgery within the last 12 months	θ	θ
9.	Muscle, joint, bone or back pain that restricts your exercise	θ	θ
10.	High blood pressure or cholesterol	θ	θ
11.	Sedentary lifestyle (last 6 months)	θ	θ
12.	Do you smoke? If yes, how much?	θ	θ
13.	Has anyone in your immediate family (parents/sisters/brothers) had a heart attack, stroke, or cardiovascular disease before age 55?	θ	θ
14.	Are you currently taking any medications or supplements? Please list name and purpose.	θ	θ
15.	Any other illness or condition?	θ	θ
16.	Has a physician ever told you NOT to exercise?	θ	θ

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Comments______________________________________