

Silver Salties Exercise Group

Registration form for Strength & Conditioning

Name *			
First Name	Last Name		
Email *			
example@example.com			
Phone Number *			
Please enter a valid phone number.			
Date of Birth *			
Month Day Yea	ar		
Address *			
Street Address			
Street Address Line	2		
City	State / Province		
Postal / Zip Code			

Which Surf Club are you a member of? *
Do you currently exercise? If yes, please detail below *
Do you have any current medical conditions or injuries? Please detail below *
Are you taking any medication? Please detail below *
Emergency Contact *
First Name Last Name
Emergency contact number *
Please enter a valid phone number.
Do you consent to our staff providing care and seeking medical attention on your behalf should they decide you need it? This may include calling an ambulance. * YES
I understand there are risks involved with exercising and agree not to hold Leaping Giraffes Pty Ltd or their staff responsible for any adverse events that may occur as a direct or indirect result of exercising. *

Signature (please type your name)

Physical Activity Readiness Questionnaire (PAR-Q)

Name:	Gender:			
Date of birth: Age:				
Regular physical activity is fun and healthy, and increasing active every day. Being more active is very safe for most path with their doctor before they start becoming much more physical security.	people. However, some			
If you are planning to become much more physically active seven questions in the box below. If you are between the age should check with your doctor before you start. If you are to being very active, check with your doctor.	es of 15 and 69, the PA	NR-Q will tell you if you		
Instructions				
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.				
Questions	Yes	No		
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?				
Do you feel pain in your chest when you do physical activity?				
In the past month, have you had chest pain when you were not doing physical activity?				
Do you lose your balance because of dizziness or do you ever lose consciousness?				
5. Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in your physical activity?				
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?				

If you answered YES to one or more questions:

do physical activity?

7. Do you know of any other reason why you should not

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 to all questions:

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.
- 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. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

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.

"I have read, understood	and completed this questionnaire. Any questions I had were full satisfaction."	re answered to my
	Signature:	
Signature of parent or gu	ardian (for participants under the age of majority):	
Date:	Witness:	