

HOW DID YOU HEAR ABOUT US?

Facebook Website Friend/Family
 Driving Past Local Paper
 Gym Member:
 Other:



FIRST NAME:
SURNAME:
MOBILE:
EMAIL:
ADDRESS:
DOB:
Membership Option:

Prior to undertaking any exercise program, it is important to ensure you are in appropriate health. As you would be aware there are risks associated with any physical activity and it is important to minimise the risk to yourself. The PAR-Q form is designed to assess whether or not you need a medical clearance before you commence an exercise program.

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Questions		YES	NO	Condition managed by Medication?
1	Has your doctor ever said you have a heart condition and that you should only perform physical activity recommended by a doctor?			
2	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?			
3	Do you ever feel pain or tightness in your chest when you do physical activity?			
4	Do you lose your balance because of dizziness or do you ever lose consciousness?			
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity?			
6	Have you had pain or tightness in your chest when you were not doing physical activity?			
7	Do you have a family history or cardiac or related conditions? If yes, what relation to you?			
8	Are you over 35 years of age?			
9	Do you regularly exercise?			
10	Are you pregnant or trying to become pregnant?			
11	Are you aware, through your own experience or a doctor's advice, or any other reason why you should not do physical activity without medical supervision?			

I understand there are risks associated with participating in any physical exercise program and I hereby agree to indemnify Mansfield Health and Fitness Centre, its staff and or servants from any claims and demands of every kind resulting from or incidental to any accident, injury or loss occurring to me during or as a consequence of me exercising **unsupervised** at Mansfield Health & Fitness Centre, or under the instruction of staff at Mansfield Health and Fitness Centre.

I hereby consent to my image being used by Mansfield Health & Fitness Centre for promotional purposes

Signed: _____ Date: _____

Print name: _____ Staff Member or Representative: _____

Membership Option: _____

"There is no exercise better for the heart than reaching down and lifting people up."

What are you hoping to achieve by joining this gym? (Please circle)

- 1) **Fitness**
- 2) **Strength & Toning**
- 3) **Weight Loss**
- 4) **Have Personal Training Sessions**
- 5) **Participate in the classes' available**
- 6) **Achieve new goals – What are they?**

How many times a week are you hoping to come to gym?

The times you are planning, do you think will be around the same time of day?

Any other comments