



Group Workout Class Registration Form

- Please fill out Registration Form, Liability Waiver and Par-Q Form completely prior to class participation.
- Payment is due prior to class participation. You are not registered for a class until payment is received.

Date: _____

How did you hear about our classes: _____

Full Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Home Phone Mobile Phone

Email: _____

Best way to notify you in the event a scheduled workout class is cancelled for that day:

Email Text msg Voice msg Other phone _____

You are: Male Female / Adult Teen

Current Age: _____ Birth Date: _____

Fitness Level: Beginner Intermediate Advanced

Please list any health / medical issues or concerns:

Please Indicate the days and times you are interested in attending our current workout classes:

6:00 am	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs
5:00 pm	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs
5:45 pm	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs
5:15 pm	<input type="checkbox"/> Fri			

Please indicate any other days and times that are ideal for you to attend workout classes:

Payment Information Cheque Cash Receipt Required Amount

Group Workout Class - Waiver, Agreement and Release Form

Group Workout Class - Waiver Of Liability: I, the undersigned have enrolled in a fitness/exercise program of strenuous physical activity which may include but is not limited to aerobic conditioning and cardiovascular conditioning, weight training, strength training and flexibility training offered by Synergy Fitness and their staff. In consideration of my participation in this fitness/exercise program, the undersigned, for myself, my heirs and assigns, hereby release Synergy Fitness (it's owner, employees facility, organization, business or any persons involved with the fitness/exercise program), from any claims, demands and causes of action arising from my participation in the fitness/exercise program. I fully understand that I may injure myself as a result of my participation in the fitness/exercise program and I do hereby release Synergy Fitness (it's employees and owner), from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/back/foot injuries and any other illness, soreness or injury caused, occurring, during or after my participation in the fitness/exercise program.

I hereby affirm with my signature below that I have read, understand and agree to the above.

Group Workout Class - Physicians Examination Waiver:

ATTENTION: You should consult with your physician before beginning exercise classes or any type of workout program. Factors unknown to you may have an adverse effect on your physical well-being, including death. You should inform your physician that you are about to begin a fitness program. By signing this document, I the undersigned acknowledge that I am aware of the potential risks that could occur and that I should consult with and obtain a physician's approval prior to beginning a fitness/exercise program. If I choose to not get a physician's approval, I fully accept all responsibility for my health and any resultant injury or mishap that may affect my wellbeing or health in any way. I fully understand that the fitness/exercise program may be strenuous and I choose to participate completely voluntarily. I fully accept all responsibility for my health and any resultant injury or mishap that may affect my wellbeing or health in any way. I hold harmless of any responsibility, the trainer/instructor, facility, organization, business or any persons involved with the fitness/exercise program.

I hereby affirm with my signature below that I have read, understand and agree to the above.

Group Workout Class - Policy/Procedure Agreement:

I the undersigned, agree to the policies and procedures that have been presented to me. Failure to comply with the policies and procedures at any given time can result in termination of my service participation. I further understand that no refunds for unused classes will be given unless a documented medical release is provided, stating a severe illness or condition, which limits me from continuing the program.

I hereby affirm with my signature below that I have read, understand and agree to the above.

I hereby affirm with my signature below that I have read, understand and agree to all of the above in its complete entirety.

Print Name: _____ Signature: _____ Date: _____

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

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 doctor 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 years of age, 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 only do 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 (for example, back, knee or hip) 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> why 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.

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.

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.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

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

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.