



Physical Activity Readiness Questionnaire PAR-Q

In consideration of being allowed to participate in the activities and programmes of Phoenix Fit Camp, and all sessions or classes and to use the facilities and equipment owned and/or under the control of Phoenix Fit Camp. I do hereby waive, release and forever discharge Phoenix Fit Camp from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment or facilities in the above mentioned activities.

I am aware that I have the right to request advice from any of the Phoenix Fit Camp, Armageddon and Boxercise trainers, at any time, in relation to the activities and exercise being undertaken and, but not exclusively, their suitability for me, with particular regard to my health and clothing. If I choose not to take advice, or to disregard any advice so given, I do so voluntarily and accept liability for all resulting injuries or damage.

I understand and I am aware that strength, flexibility and aerobic exercise, including the use of equipment, in the outdoors, are potentially hazardous activities. I also understand that exercise and fitness activities involve a risk of injury and even death. I am voluntarily participating in these activities and using equipment and facilities with the knowledge of the dangers involved. I hereby agree to expressly assume and accept all and any risks of injury or death.

I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease or infirmity or other illness (other than those declared on the attached medical questionnaire) that would prevent my participation or use of equipment or facilities except as herein stated.

I acknowledge that I have either had a physical examination and have been given my doctors permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my doctor and do hereby assume all responsibility for my participation and activities, and utilisation of equipment and machinery in my activities.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

Please bring this completed PAR-Q to your first Phoenix Fit Camp, Armageddon Fitness or Boxercise session.

You will not be allowed to take part in a session without a completed and verified form.

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EMAIL: pete@phoenixfitcamp.co.uk or admin@phoenixfitcamp.co.uk

WEBSITE: www.phoenixfitcamp.co.uk

Physical Activity Readiness Questionnaire PAR-Q

First Name: _____

Surname: _____

Date of Birth: ____ / ____ / ____

Address: _____

Post Code: _____

Mobile No: _____ Home No: _____

Work No: _____

Email Address: _____

BootCamp
FITNESS
INTENSE - FUNCTIONAL - VARIETY

ALL QUESTIONS MUST BE COMPLETED

	Yes	No
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 have a pacemaker in your heart?		
Do you ever feel pain in your chest when you do physical activity?		
Have you ever had chest pain when you are not doing physical activity?		
Do you ever feel faint or have spells of dizziness?		
Do you have a joint problem (also back problem) that could be made worse by exercise?		
Have you ever been told that you have high blood pressure?		
Are you currently taking any medication of which the instructor should be made aware? If so, what? _____ Reason _____		
Are you pregnant or have you had a baby in the last 6 months?		
Do you suffer from asthma or breathing difficulties?		
Do you suffer from diabetes or epilepsy?		
Do you suffer from an allergy?		

1. If you've answered yes to any of the questions above, please provide details:
2. Is there any physical reason not covered by the questions why you should not participate in the Phoenix Fit Camp program? Or any allergies or any medication being taken. Please provide details:

If you have answered “Yes” to one or more questions above, then please consult with your doctor before increasing your physical activity informing him/her of the answers you have answered yes to. If any doubt, seek your Doctor’s advice before participating in a BootCamp Fitness session.

How would you describe your current fitness level?

Very Fit

Fit

Average

Unfit

Very Unfit



NEXT OF KIN INFORMATION

Please provide details of your next of kin, this will be the person we will contact in the case of any emergencies:

Name: _____

Relationship: _____

Address: _____

Post Code: _____

Mobile: _____

Home: _____

Work: _____

INTENSE - FUNCTIONAL - VARIETY