

# **GPRC Fairview Recreation Centre** **Group Exercise Registration Form**


**Full Name:** \_\_\_\_\_ **D.O.B** \_\_\_\_\_ **(yyyy/mm/dd)**

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Prov** \_\_\_\_\_ **PC** \_\_\_\_\_


**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Emergency Phone#:** \_\_\_\_\_

**Have you filled out a Par-Q form?**      **YES**      or      **NO**      **(on reverse)**

	<b>Purchased</b>	<b>Paid by</b>	<b>Amount</b>
	<b>8 Punch</b>		
	<b>16 Punch</b>		

- Please note classes will not be pro-rated. Late participants will have to purchase a punch card.  
 - Refunds will be accepted only due to a change in schedule, a reconsideration of the program, or a medical condition or injury (with a doctor's note). The refund will be pro-rated based on the number of classes that have occurred. Please note, a \$10.00 Admin Fee will be charged.

	<b>Purchased</b>	<b>Classes</b>	<b>Paid by</b>	<b>Amount</b>
	<b>One Classes</b>			
	<b>Two Classes</b>			
	<b>Three Classes</b>			
	<b>Four Classes</b>			
<b>TOTAL:</b>				

## Consent Form

I, \_\_\_\_\_, I understand that the participation in athletics, recreation and group exercise involves the possible risk of death or personal injury. The use of the equipment, facilities, and premises of the Recreational Centre and gymnasium at Grande Prairie Regional College Fairview Campus (herein known as "the college") by persons participating in athletics, recreation and group exercise shall constitute acceptance of that risk regardless of the nature of that injury. The college, its officers and employees shall not be liable for any death, injury, loss or damage sustained or suffered by persons participating in athletics or recreation activities at the college, whether caused either directly, or indirectly by the negligence or fault of the college, its officers, or employees. This waiver shall be binding upon all heirs and my personal representatives.

The personal information on this form is collected under the authority of Section 32 (c) of the freedom of information and privacy act.

I \_\_\_\_\_, confirm that I have read and understand all of the terms set out in this document; that I am 18 years of age; and that I am aware that this waiver and release is binding upon my heirs and personal representatives.

Name of Participant (please print) \_\_\_\_\_ Signature of Participant \_\_\_\_\_

Name of Parent (please print) \_\_\_\_\_ Signature of Parent \_\_\_\_\_  
 (if participant is under the age of 18 years)

Name of Witness (please print) \_\_\_\_\_ Signature of Witness \_\_\_\_\_ 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. <b>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?</b>
<input type="checkbox"/>	<input type="checkbox"/>	2. <b>Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	3. <b>In the past month, have you had chest pain when you were not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	4. <b>Do you lose your balance because of dizziness or do you ever lose consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	5. <b>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?</b>
<input type="checkbox"/>	<input type="checkbox"/>	6. <b>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	7. <b>Do you know of <u>any other reason</u> why you should not do physical activity?</b>

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 \_\_\_\_\_  
or GUARDIAN (for participants under the age of majority)

WITNESS \_\_\_\_\_

**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.**