

Physical Activity Readiness Questionnaire (PAR-Q)



Name:
Address:

Facebook: Yes / No
Twitter:
Are you happy for Photos/Video to be taken and posted on Social Media? Yes / No

Home phone:
Email:

Mobile:

Height:

Weight:

In case of an injury/emergency, who should I contact?

Name:
Relationship:

Contact number of contact:

<i>Read each question carefully and answer all questions on this page by circling the appropriate answer. The questions are designed to identify whether or not you should consult a doctor prior to beginning a program of physical exercise.</i>	
Has a doctor ever said you have a heart condition and recommended medically supervised physical activity?	Yes / No
Do you have chest pain brought on by physical activity	Yes / No
Do you tend to lose consciousness, feel faint or have spells of dizziness?	Yes / No
Has your doctor recommended medication for blood pressure?	Yes / No
Do you have a bone or joint problem (such as arthritis) that could be aggravated by physical activity?	Yes / No
If yes, please specify	
Are you aware, through your own experiences or a doctor's advice, of any other reason against your exercising without medical supervision?	Yes / No
Are you over the age of 65 and not accustomed to vigorous exercise?	Yes / No
Are you, or have you been pregnant in the last 6 months?	Yes / No
Are you diabetic?	Yes / No
Do you suffer from asthma?	Yes / No
Have you ever been diagnosed with epilepsy?	Yes / No
Do you have diabetes?	Yes / No
If yes, is it Type 1 or Type 2?	
If you answered YES to one or more of the questions above, please answer the following questions:	
Have you consulted your physician regarding increasing your physical activity and or performing a fitness assessment?	Yes / No
If NO, will you consult your physician prior to increasing your physical activity and/or performing a fitness assessment?	Yes / No
Please list any medications you are currently taking below:	

RELEASE AND WAIVER OF LIABILITY - MEMBERS ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF BARNARD FITNESS

The participant acknowledges that boot camp training includes participation in strenuous physical activities, including but not limited to aerobic movement and weight training. The participant agrees to assume all risk and responsibility involved with participation in these physical activities. The participant affirms that he/she is in good physical condition and does not suffer from any disability that would prevent participation in physical activities. Any disability will be declared to the trainer before activities commence, and alternative exercises discussed. The participant acknowledges that participation will be physically and mentally challenging, and it is their responsibility to seek competent medical or other professional advice regarding any concerns involved with the ability of member to take part in these physical activities. The participant agrees to assume all risks in responsibility for not exceeding his/her physical limits.

SIGNATURE _____

Date _____

Marketing Consent

By signing here you are agreeing to us holding this information and "Opting In" to receive marketing from me. This will allow us to communicate with you via email which might contain news or relevant information relating to Bootcamp or Personal Training. You may withdraw your consent at any time by clicking on the Unsubscribe link contained in our emails or by contacting me at barnardfitness@live.co.uk or calling 07828 452029. Thank you.

SIGNATURE _____ **Date** _____

Lifestyle Questions

<i>You don't have to answer all of the following but please provide <u>as much information as possible</u> – All information given is kept fully confidential.</i>	
Do you:	
Eat 3 Meals Per Day	Yes / No
Eat 5 servings of Fruits/Veggies a Day	Yes / No
Eat Fast Food	Yes / No
If so, how many times per week?	
Drink alcohol (please specify amounts)	Yes / No
Eat restaurant food	Yes / No
If so, how many times per week?	
Drink coffee	Yes / No
Smoke	Yes / No
If so, how many per day?	
Eat snacks	Yes / No
Drink soft drinks	Yes / No
Take supplements	Yes / No
How many hours sleep do you get each night?	
Do you have Children?	Yes / No
Describe your occupation:	
Describe your Hobbies:	

Fitness Questions

What is your primary fitness goal?	
Have you ever participated in a fitness program?	Yes/No
If so, <i>describe</i> :	
Did you get results?	Yes/No
Please describe:	
Were the results permanent?	Yes/No
On average, how long do you stick with a program before giving up?	
What is your normal reason for quitting?	
When did you first begin to think about getting in shape or getting back into shape?	
What has prevented you from maintaining or achieving your fitness goals in the past?	
When were you in the best shape of your life?	
What do you weigh now?	What is your target weight?