



# SECRET BEACH PILATES

## Synergy Breath Precision

Physical Activity Readiness Questionnaire (PAR Q)

**Please print this page, complete and bring it to your first session**

**Name:**

**Gender:**

**Email address:**

**Age:**

**Contact number:**

**Next of kin's name:**

**Emergency Contact number:**

This PAR-Q is designed to help you to help yourself. Many benefits are associated with regular exercise, and completion of the PAR-Q form is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose a problem or hazard. The PAR-Q has been designed to identify the small number of people for whom physical activity might be inappropriate or for those who should seek medical advice concerning the type of activity most suitable for them. Common sense is your best guide for answering these questions.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	YES/NO
2. Do you feel pain in your chest when you do physical activity?	YES/NO
3. In the past month, have you had chest pain when you were not doing physical activity?	YES/NO
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	YES/NO
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in physical activity?	YES/NO
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	YES/NO
7. Do you know of any other reason why you should not do physical activity?	YES/NO

If you have answered YES to any of the above questions, then you are required to gain consent from your doctor before participating in the group exercise to music session.

## Participant Declaration

All persons who have completed the PAR-Q+ please read and sign the declaration below. If you are less than the legal age required for consent or require the assent of a care provider, your parent/guardian or care provider must also sign this form.

Client's signature:	Date:
Witness's signature:	Date:
Signature of Parent/guardian/ care provider:	Date:

*Please note that no liability is accepted for any loss of or damage to any articles, which you may bring with you to classes. Equally, liability is not accepted for loss of or damage to motor vehicles or their contents and these are left at the owner's risk.*

"I confirm that where any medical condition, discomfort or injury which may be affected by physical activity applies or becomes applicable at any time when I am participating in a class, I am responsible for checking with my doctor to ensure I am able to participate in this activity."

Signed:

Print Name:

Address:

Post Code:

Date: