

SHOWTIME

STRENGTH AND PERFORMANCE

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Name: _____ Date: _____

Height: _____ Weight: _____

Age: _____ Physician's name: _____

Phone: _____

School District: _____

Questions Yes No

1. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?
2. Do you feel pain in your chest when you perform physical activity?
3. In the past month, have you had chest pain when you were not performing any physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?
7. Do you know of any other reason why you should not engage in physical activity?

If you answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

GENERAL AND MEDICAL HISTORY QUESTIONNAIRE

Date: _____

I. Participant Information

Last name: _____ First name: _____

Address: _____

City/ State/ ZIP _____

Email: _____

Home phone: _____ Cell phone: _____

Birthdate: _____ Age: _____ Gender: _____

IV. Recreational Activities and Behaviors

List your current hobbies or sports: _____

Do You Have Any Previous Injuries?

If yes, please list here: _____

V. Informed Consent

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. In signing this document, I acknowledge being informed of the nature of the program and the potential for unusual but possible physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack, or death. By signing this document, I assume all risk for my health and well-being and hold harmless of any responsibility the instructor, facility, or any persons involved with this program and testing procedures. By signing this document, I allow Showtime Strength & Performance to use any pictures, videos, and any other media to be published online or for advertisement use. I understand that if I cancel an appointment with less than 24 hours notice, it will be counted as a training session. Group training sessions will not roll over into the next month if the athlete has missed sessions.

Athlete Signature: _____

Parent or guardian signature: _____

Referral name: _____

In case of emergency contact: _____

Phone Number: _____