

FAMILY INFORMATION

Name	Age	Birthdate DD/MM/YYYY	
Address		Home Phone Number	
		Email	
Parent/Guardian Name (If under 18)		Cell/Other Phone Number	

Please complete the PAR-Q & YOU form on reverse
An accurate disclosure of health and special considerations is important to ensuring safety in all recreation programs. Inform your class instructor of any special considerations that may affect your participation.

EMERGENCY INFORMATION

Emergency Contact Name	Phone Numbers	Relationship
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CLASS INFORMATION

Class/Activity/Course	Location	Day & Time	Fee
SUB-TOTAL			
Class Discounts \$85.00 classes only	2 Classes \$10 OFF	3 Classes \$20 OFF	4 Classes \$40 OFF
	5 Classes \$70 OFF	55+ 10% OFF	Less Discount
Cheques can be made payable to Township of West Lincoln			GRAND TOTAL

WAIVER

In consideration of the enrolment in the above program(s), the undersigned, in his/her personal capacity, and on behalf of the participant named above, hereby releases and forever discharges the Township of West Lincoln, its agents, servants and employees from all damages, claims, actions or causes of actions, however caused, arising from the participation of the said participant in the above-noted program(s) at any location where the program may be conducted, except where the damage or injury to the said participant is caused by gross negligence of the said Township, its agents, servants, or employees.

Permission is hereby granted to the Township of West Lincoln and its representatives to transport my child (if applicable) to a local Doctor or hospital for medical treatment if necessary.

The Township of West Lincoln reserves the right to use photographs of recreation programs and participants for promotional purposes.

Personal information contained on this form is collected, maintained and used in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and said information will be used only to facilitate registration for Township program, to produce statistical reports, and to provide inclusive programming. Questions about this collection should be directed to the Township Clerk at 905-957-3346.

Participant Signature: _____ Date: _____
or (Parent /Guardian)

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

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 _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

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.