

PARQ FORM

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE



THE QUESTIONNAIRE BELOW IS TO BE COMPLETED BY NEW MEMBERS/GUESTS PARTICIPATING IN ACTIVITIES/EXERCISE ON THE PREMISES AND BY PARENTS/GUARDIANS OF MINORS.

Becoming more active is very safe for most people, however some people should check with their General Practitioner as they increase their physical activity. Please answer these questions truthfully and check with your General Practitioner about your suitability to participate.

I hereby give authority for the following adult/child (children) to participate in activities provided by Next Gen Health & Lifestyle Clubs. Please note this PARQ relates to current and future visits.

Name Adult 1: _____ Date of Birth: _____

Name Adult 2: _____ Date of Birth: _____

Name Child 1: _____ Date of Birth: _____

Name Child 2: _____ Date of Birth: _____

Name Child 3: _____ Date of Birth: _____

PARENT/GUARDIAN YES / NO

GUEST YES / NO

If you are a guest please indicate if you intend undertaking physical exercise while at Next Gen Health & Lifestyle Clubs (if you require any assistance please contact one of our staff members) YES / NO

Common sense is the best guide when you answer the questions below. Please read them carefully and answer honestly.

	ADULT 1		ADULT 2		CHILD 1		CHILD 2		CHILD 3	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1. Has your General Practitioner ever said that you have a heart condition?										
2. Have you ever had undiagnosed pain in your chest?										
3. Have you ever had undiagnosed breathing problems?										
4. Do you lose your balance because of dizziness?										
5. Do you have a bone, joint or muscle problem?										
6. Is your General Practitioner currently prescribing any drugs (for example, water pills) for your blood pressure, heart condition, diabetes, epilepsy?										
7. Do you know of any other physical infirmity or defect that could in any way affect your ability to perform physical exercise?										
8. Do you know of any other reason why you should not do physical activity?										

IF YOU'VE ANSWERED **YES** TO ONE OR MORE QUESTIONS

Talk to your General Practitioner BEFORE you start exercising or BEFORE you have a fitness appraisal. Tell your General Practitioner about the PARQ and which questions you answered YES. Next Gen Health & Lifestyle Clubs suggests you get a Medical Clearance and provide this to the Club. If you choose not to get a Medical Clearance you must take full responsibility for undertaking physical activity. You may be able to do any activity you want - as long as you build up gradually. Alternatively, you may need to restrict your activities to those that are safe for you. Talk with your General Practitioner about the kinds of activities you wish to participate in and follow his/her advice. It is the member's responsibility to follow the advice of the General Practitioner.

IF YOU ANSWERED **NO** TO ALL QUESTIONS

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional so that your fitness programme can be amended. Another PARQ will need to be completed at this time. You agree that Next Gen Health & Lifestyle Clubs will not be held responsible in any way relating to changes in your state of health.

You may need to cease physical activity: If you are not feeling well because of temporary illness such as a cold or a fever - wait until you feel better; or if you are pregnant - talk to your General Practitioner.

INFORMED USE OF THE PARQ: Next Gen Health & Lifestyle Clubs and the staff assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your General Practitioner prior to physical activity.

I have read understood and completed this entire document and fully accept the terms and conditions herein. Any questions I had were answered to my full satisfaction. I agree to hold Next Generation Clubs Australia Pty Ltd and/or its subsidiary or associated companies harmless against any liability relating to property damage and death or injury to any person.

Name: _____ Date: _____

Signature: _____

Signature of Parent/Guardian: _____

Witness: _____

General Practitioner: _____

Phone Number: _____

Emergency Contact: _____

Phone Number: _____