



All information is treated in the strictest confidence

### 1. COURSE DATES

DATE:

### 2. PERSONAL DETAILS

SURNAME:		FORENAMES:	
ADDRESS:			POST CODE:
D.O.B.(dd/mm/yyyy)		FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/>
HOME TEL:		MOBILE TEL:	
E-MAIL ADDRESS:			

### 3. CONTACT INFORMATION (In case of an emergency)

SURNAME:		FORENAMES:	
ADDRESS:			POST CODE:
RELATIONSHIP		FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/>
HOME TEL:		MOBILE TEL:	
E-MAIL ADDRESS:			

### 4. DOCTORS CONTACT INFORMATION

DR.		PRACTICE NAME:	
ADDRESS:			POST CODE:
TELEPHONE:			
E-MAIL ADDRESS:			
I give Academy 4 Wellbeing Ltd. Permission to contact my surgery as it pertains to my participation in all activities.			
Signed:			



### Physical Activity Readiness Questionnaire (PAR-Q)

Being more active is very safe for most people; however the Academy 4 Wellbeing has a duty of care for all Clients. For your safety we require you to complete our PAR-Q form. Please answer the questions below as accurately as possible.

First name	Last name	DOB

#### About your health history

Question	Yes	No
1. Are you currently under a doctor's care for a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been breathless, dizzy or had chest pain whilst engaging in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your doctor currently prescribing medicine for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a bone or joint problem that could be made worse by your participation in your course?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you suffer from any illness that the Academy 4 Wellbeing should be aware of in order to assist you in an emergency?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you know of any other reason why you should not participate in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
<b>COVID-19 SPECIFIC QUESTIONING AND CONSENT</b>		
7. Do you consent to inform your trainer if you or any member of your household has developed any symptoms (this could include but would not be limited to, a persistent cough, or temperature above 37.8°C, for example) which could be an indication of contracting COVID-19 prior to your session starting?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you consent to adhere to the public health guidelines & Wellbeing site signage? Eg. Cleaning hands before & after sessions, cleaning any equipment you use before & after sessions?	<input type="checkbox"/>	<input type="checkbox"/>

Provide further details here.



Talk with your doctor BEFORE you start this course. Tell the doctor about the PAR-Q form and which questions you answered yes. You must disclose these details to the tutor in charge of your class. You may be able to do the activity you want – as long as you start slowly and build up gradually.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Assumption of Risk**

I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance exercise and stretching. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

I acknowledge that a change to the details listed in this questionnaire may inhibit sessions with my trainer from consulting until medical clearance can be provided by a medical professional.

Signature  
Date

Trainer Signature  
Date

**Additional Note**

I have taken medical advice and my doctor has agreed that I should exercise.

Signature  
Date

Required before the course commences