PAR-Q form for any of **Regina Spence's** fitness classes

Name: ____

Address: ____

____

Postcode: _ _ _ _ _ _ _ _

Mobile number: 07__ __ __ __ __ __ __ __ __

Telephone (landline): 0 __ __ __ __ __ __ __ __ __ __

Email: ____

Emergency Contact No: ____

Under 16? Yes / No

Date of Birth: ____ ____ / ____ ____ / ____ ____ ____ ____

Facebook account name: ____

Where did you hear about classes?____________________________________

All information is treated as confidential.

Are you happy to receive updates via: text (Y / N), email (Y/ N)

Declaration: I acknowledge the nature of the exercise has been explained to me and, whilst I am aware that all care will be taken by the instructor, I agree to undertake these exercises entirely at my own risk.

Signature: ______________________

Date: __ __/ __ __/ __ __ __ __

Day: Monday, Tuesday, Wednesday, Thursday, Saturday

If answering **YES** to any of the following questions, you are strongly advised to seek medical advice before embarking on any new fitness programme. Your instructor is not medically trained. Therefore, if you are unwell, take prescribed medicine, or are recovering from an injury or illness, please obtain your GPs consent in case there are implications relating to exercise, and inform me if necessary.

Please tick if you suffer from any of the following, giving details.

Pre-existing medical conditions

Yes	No	
		Arthritis
		Asthma
		Diabetes
		Epilepsy
		Poor Circulation
		Palpitations
		Blackouts
		Chest Pains
		Heart Condition
		High Blood Pressure
		Low Blood Pressure
		High Cholesterol
		Back or Neck Pain
		Do you smoke?
		Are you pregnant
		Have you been pregnant in the last 6 months
		Have you had recent surgery

Previous injuries or chronic/acute pain

Yes	No		Yes	No	
		Ankles			Wrists
		Shoulders			Neck
		Knees			Back
		Elbows			Surgery
		Hips			Other

Fitness Goals

Yes	No	
		Lose Weight
		Tone Up
		Health
		Gain Weight
		Bulk Up
		Social Reasons