# Personal Information

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**

Address:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: Postal Code:

**Telephone numbers:**

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** Day \_\_\_\_\_\_\_Month \_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact details**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have written and understand that my details are correct, if I do change my details in the near future I will inform #BreakingRecords Fitness as soon as possible. Please also provide doctors details (if applicable) if you have any specific conditions that needs to be addressed and contact your GP for alternative exercises (See PAR-Q Form).**

NOTE: Due to GDPR Compliances (from 25th May 2018), by filling out this form including PAR-Q your privacy is important to us that we store your information safely in a professional manner. You’ll also receive e-mails from us to keep up-to-date with our services, you can unsubscribe at anytime at your own consent. Please be aware you’ll be likely to refill this out again later if you do participate with us in the future. For more, please visit our website on the [Terms and Conditions](http://www.breakingrecordsfitness.co.uk/terms-and-conditions) under privacy policy.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PAR-Q Form (Physical Activity Readiness Questionnaire)

Taking part in physical activity/exercise is very safe for most people. However, some people should check with their doctor before they start an exercise session. Before taking part in physical activity and/or exercise, please answer the questions 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: please tick YES or NO

(NOTE: Q8 is for **FEMALES** only!)

**Yes [ ] No [ ]**

**Yes [ ] No [ ]**

**Yes [ ] No [ ]**

**Yes [ ] No [ ]**

**Yes [ ] No [ ]**

**Yes [ ] No [ ]**

**Yes [ ] No [ ]**

**Yes [ ] No [ ]**

**Yes [ ] No [ ]**

**Yes [ ] No [ ]**

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity/exercise recommended by a doctor?

2. Is there any history of heart disease in your family?

3. Do you feel pain in your chest when you do physical activity/exercise?

4. In the past month, have you had chest pain when you were not doing physical activity/exercise?

5. Do you lose your balance because of dizziness or do you ever lose consciousness?

6. 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?

7. Do you suffer from any of the following: asthma; diabetes; epilepsy; high blood pressure? (if so, please give details)

8. Are you currently pregnant or have been pregnant in the last 6 months? (If yes, please tick below which of the following are you currently in? – NOTE: Post-Natal is no less than 6 months)

1st Trimester\_\_\_ 2nd Trimester\_\_\_ 3rd Trimester\_\_\_ Post-Natal\_\_\_

9. Do you have any current injuries or conditions, and if so, are they being treated by a doctor or other health professional such as a physiotherapist? (if so, please give details)

10. Do you know of any other reason why you should not do physical activity/exercise?

If you answered YES to any of the questions above, please check with #BreakingRecords Fitness before taking part in the physical activity or exercise session. It may be necessary for you to be referred to your doctor before taking part in the session.

If you answered NO to all questions, you can be reasonably sure that you can safely take part in the physical activity or exercise sessions, but please ensure that you begin slowly, warm up appropriately and progress slowly.

*Assumption of Risk: I declare that I have read, understood, and answered honestly all the questions above. I am agreeing to participate in the exercise session (which may include aerobic, resistance, power and stretching exercises) and understand that there may be risks associated with physical activity.*

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

NAME: SIGNATURE: DATE: