



VANTAGE ACADEMY REGISTRATION FORM

TITLE:(Mr, Miss, Mrs etc)	ADDRESS:
SURNAME:	
FORENAME:	TOWN:
TELEPHONE NUMBER:	POSTCODE:
MOBILE NUMBER:	EMERGENCY CONTACT NAME:
EMAIL ADDRESS:	EMERGENCY CONTACT NUMBER:
DATE OF BIRTH:	OCCUPATION:
NATIONALITY:	DATE TRAINING COMMENCED:

Any previous fitness experience?

How did you find out about Vantage Academy?

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the yes or no opposite the question if it applies to you

Yes <input type="checkbox"/> No <input type="checkbox"/>	1) Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
Yes <input type="checkbox"/> No <input type="checkbox"/>	2) When you do physical activity, do you feel pain in your chest?
Yes <input type="checkbox"/> No <input type="checkbox"/>	3) When you were not doing physical activity, have you had chest pain in the past month?
Yes <input type="checkbox"/> No <input type="checkbox"/>	4) Do you ever lose consciousness or do you lose your balance because of dizziness?
Yes <input type="checkbox"/> No <input type="checkbox"/>	5) Do you have a joint or bone problem that may be made worse by a change in your physical activity?
Yes <input type="checkbox"/> No <input type="checkbox"/>	6) Is a physician currently prescribing medications for your blood pressure or heart condition?
Yes <input type="checkbox"/> No <input type="checkbox"/>	7) Are you pregnant?
Yes <input type="checkbox"/> No <input type="checkbox"/>	8) Do you have insulin dependent diabetes?
Yes <input type="checkbox"/> No <input type="checkbox"/>	9) Do you have any breathing difficulties or suffer from asthma?
Yes <input type="checkbox"/> No <input type="checkbox"/>	10) Do you suffer from Epilepsy
Yes <input type="checkbox"/> No <input type="checkbox"/>	11) Have you had a major operation
Yes <input type="checkbox"/> No <input type="checkbox"/>	12) Do you know of any reason why you should not exercise or increase your physical activity?

In signing this form, I affirm that I have read this form in its entirety and I have answered the questions accurately and to the best of my knowledge. I understand that I am responsible for monitoring myself throughout any activity, and should any unusual symptoms occur, I will cease participation and inform the Instructor.

In the event that medical clearance must be obtained prior to my participation in an exercise session, I agree to contact my GP and obtain written permission prior to the commencement of the exercise activity and that this permission be given to the Instructor. If you answered YES to any of the above questions, talk with your doctor by BEFORE you become more physically active. Tell your doctor your intent to exercise and to which questions you answer YES. If you honestly answered NO to all questions you can be reasonably positive that you can safely increase your level of physical activity gradually. If your health changes so you then answer YES to any of the above questions, seek guidance from a physician and immediately inform the Instructor.

Whilst Vantage Academy and their licensed instructors take care to devise and ensure a careful and safe training programme, you acknowledge that this activity involves an element of risk and danger of accidents, and knowing them you voluntarily assume that risk. **By signing you certify that you have read, understood and completed this questionnaire honestly.**

SIGNED DATE