



Contact / Personal Information

Name: _____ DOB: _____ Age: _____
 First M.I. Last

Street Address: _____ City: _____ State: _____

Zip: _____ Work/Cell Ph: _____ - _____ - _____ Home Ph: _____ - _____ - _____

Other Ph: _____ - _____ - _____ Email: _____

In Case of Emergency, Contact: Name: _____ Phone: _____ - _____ - _____

Relationship: _____

Physical Activity Readiness Questionnaire (PAR-Q)

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. Please read and check the YES or NO opposite the question.

YES NO

- Has your physician ever said you have a heart condition and should only do exercises recommended by a physician?
- When you do physical activity, do you feel pain in your chest?
- When at rest, or not doing physical activity, have you had chest pain in the past month?
- Do you ever lose consciousness or do you lose your balance because of dizziness?
- Are you currently taking prescribed medications for your blood pressure or a heart condition?
- Are you over the age of 65?

If your health changes and the answers above are therefore altered, please notify me (Dave), and we will discuss seeking the appropriate guidance.

Personal Training Policies

I have a 24 hour cancellation policy, therefore I ask you to compensate for any appointments canceled less than 24 hours from the appointed time. Payment can be made in cash, check, or charge (only at The Heights), before each session; multiple sessions may be purchased at one time; and must be used within 90 days of purchase.

“My signature below states that the information I have given above has been given to the best of my knowledge, and that I will notify Dave of any changes to this information.”

Signature (and / or Legal Guardian of Participant)

Date