

Welcome to your class. Regular physical exercise is fun and healthy and becoming more active is very safe for most people. Please fill in the assessment below. This form will be reviewed annually. If you circle any yes responses, give more details overleaf.

- Do you have any medical condition, discomfort or injury which may be affected by physical activity, such as: a heart condition, angina, high/low blood pressure, dizziness, stroke, epilepsy, diabetes, asthma, an operation within the last 12 months, osteoporosis, back injury, arthritic joints or joint replacement? Y/N
- Are you pregnant or have given birth within the last 6 weeks? Y/N
- Are you taking any prescribed medicines (please ensure you have angina/asthma medication with you)? Y/N
- Do you have any allergies? Y/N

Please note – your teacher is not a medical practitioner and cannot advise whether any condition could be adversely affected by attending this class. However, your teacher reserves the right to suggest you do not participate in activity until discussion with a medical practitioner has taken place and that in some cases, a letter confirming fitness to participate could be required.

The responsibility lies with each participant to decide whether they wish to join or continue with a class, assisted by any medical advice they may wish to obtain.

"I recognise that my body's reaction to physical activity is not totally predictable. I confirm that should I develop any injury or condition that affects my ability to exercise, I will inform my teacher and stop exercising if necessary. I take full responsibility for monitoring my own physical condition."

Signed	Print name	
Address (incl. post code)		Date
Contact number	email	
Emergency contact name	Emergency contact phone	

Please note that no liability is accepted for any loss of or damage to any articles, which you may bring with you to classes. Equally, liability is not accepted for loss of or damage to motor vehicles or their contents and these are left at the owner's risk.



PAR Q form – Physical Activity Readiness Questionnaire



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