

Date: _____
Staff Initial: _____

UF/DD Membership: _____
\$ _____

Class trialled: _____



Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____ Mobile: _____

DOB: _____ Email: _____

Address: _____

Regular physical activity is fun and healthy. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

Read the questions below carefully and answer each one honestly. Tick YES or NO.

1. Has your doctor ever said you have a heart condition, and you should only do physical activity recommended by a doctor?
Yes___ No___ Details_____
2. Do you feel pain in your chest when you do physical activity?
Yes___ No___ Details_____
3. In the past month, have you had any chest pain when you were not doing physical activity?
Yes___ No___ Details_____
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
Yes___ No___ Details_____
5. Do you have a bone or joint problem (e.g. back, knee or hip) that could be made worse by a change in your physical activity?
Yes___ No___ Details_____
6. Is your doctor currently prescribing drugs (e.g. water pills) for your blood pressure or heart condition?
Yes___ No___ Details_____
7. Do you have diabetes, asthma or epilepsy?
Yes___ No___ Details_____
8. Are you pregnant or have you given birth in the past 3 months?
Yes___ No___ Details_____
9. Do you have any known allergic reactions / Are you classed with anaphylaxis? (If yes please state if you carry an epipen)
Yes___ No___ Details_____
10. Do you know of any other reason why you should not do physical activity?
Yes___ No___ Details_____

If you answered YES to any of the questions:

Talk with your doctor BEFORE you start becoming much more physically active. Tell your doctor which questions you answered YES to. You may have to start exercising more gradually, or you may be restricted in the type of exercise that you do.

If you answered NO to all the questions:

You can be reasonably sure that you can start becoming more physically active. Begin slowly and build up gradually.

If you are not feeling well due to a temporary illness, wait until you are feeling better to start increasing your physical activity.

Please note:

If your health changes so that you answer YES to any of the above questions, talk with your doctor, and inform yourself.

I have read, understood and completed this questionnaire.

Your name: _____

Date : _____

Your signature: _____

In signing this form, I affirm that I have answered the questions accurately. In the event that I have been advised to seek medical clearance prior to undertaking exercise, I agree to contact my Doctor and take responsibility for obtaining written permission prior to the commencement of my exercise program at Micky's Fitness. I understand that I am responsible for monitoring myself throughout the exercise programme and that should any unusual symptoms occur, I will cease participation and inform the doctor of those symptoms. I understand that I must notify you of any changes in my health.

PLEASE TURN OVER

Terms and conditions

I acknowledge and/or authorize:

Membership

- Debitsuccess will make debits upfront on behalf of Micky's Fitness on a fortnightly basis, for direct debit memberships.
- Foundation memberships are non-transferable.
- If you do not fully pay your membership fees on the due date, we will suspend your access until your payments are up to date and your direct debit details have been re-established. Additional fees: bank charges or administrative charges incurred by the Payment Provider, will apply for any overdue or late payments.
- To cancel your membership, you must give 30 days written notice via email at micky@mickysfitness.com. Upon termination of your membership, you may continue to use the facilities for any period that you have paid in advance. You will cease to have access once this period expires.
- You can suspend your membership for periods, in multiples of a week and a suspension fee of \$3 per week will be applied to your account.
- You cannot lend your access tag to anyone else or allow anyone else to use it.
- Paid up front memberships are non-refundable and non-transferable.
- In the case of a pandemic and the business must pause operation, you can opt for your membership to be placed on suspension until the facility is able to reopen.
- Members must be of a minimum age of 15 years to use Micky's Fitness on their own. Members under the age of 15, must have a liability waiver completed by a parent or guardian and be accompanied by an adult while accessing the facilities.

Health

- If you believe there is a risk to your health from doing any fitness activities, you must tell us this in writing, with full details. You must also tell us if your medical condition changes after you join.
- Micky's Fitness are not responsible or liable for any injury caused whilst using our gym facilities or any other kinds of claims which occur as a result of your gym participation.

Parking

- You park in the facilities' car park or premises at your own risk. Micky's Fitness are not liable for any loss or damage to your vehicle or its contents.

Personal belongings

- Micky's Fitness is not liable for any loss or damage to your personal belongings.

24 Hour access

- All members must undertake an orientation on how to use their access tag and facilities during unstaffed hours.
- No Member is permitted to allow a non-Member into the facilities at any time.
- For security purposes, Micky's Fitness uses video and audio surveillance equipment to monitor the facilities on a 24-hour basis. When using Micky's Fitness premises, you will be subject to video and audio surveillance and recording. Video and audio surveillance is limited to the floor area only and is not within the walls of the bathrooms or assessment rooms.
- A Member will be charged a \$30.00 fee if their access tag is damaged or lost and requires replacement.
- 15-17-year-old members may only access the gym during staffed hours.

Image consent and release - Photography and Video

- I, the undersigned, consent to my image being taken and used and reproduced in any format.
- I understand that my image may be used for the purposes of display, publicity and in promotional materials by Micky's Fitness and its photographer(s) / videographer(s).
- I understand that any intellectual property, including copyright and image rights, which arises in the visual images(s) belongs to the Micky's Fitness.

Signed: _____ Date: _____

Emergency Contact Information :

Name: _____

Relationship: _____

Contact Number: _____