

Completed annually by all Fitness and Group Fitness - Members and 10 Visit Passes

Name _____ Date of Birth _____

Primary Phone _____ Secondary Phone _____

Address _____

_____ E-mail _____

Emerg. Contact _____ Phone _____
Name relationship

Regular physical activity is fun and healthy, and more people should become more physically active every day of the week. Being more physically active is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

Yes No

- 1. Has your doctor ever said that you have a heart condition OR high blood pressure?
- 2. Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?
- 3. Do you lose your balance because of dizziness or do you ever lose consciousness in the last 12 months?
(answer NO if your dizziness was associated with over-breathing (including vigorous exercise))
- 4. Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?
- 5. Are you currently taking prescribed medications for a chronic medical condition?
- 6. Do you have a bone or joint problem that could be made worse by becoming more physically active?
Answer NO if your joint problem was in the past, but does not limit your current ability to be physically active.
- 7. Has your doctor ever said that you should only do medically supervised physical activity?

No to all questions – You can be reasonably sure that you can:

- Start becoming much more active – begin slowly and build up gradually.
- Follow Canada's Physical Activity Guidelines for your age (www.csep.ca/guidelines).
- Fitness Members take part in a fitness consultation or appraisal with our CSEP – Certified Exercise Physiologists® or CSEP – Certified Personal Trainers®

Yes, to one or more questions

- Fitness staff may use a secondary list of questions to help you determine if becoming more physically active is appropriate
- Some situations may require further information from your medical practitioner
- You may be able to do any activity you want – if you start slowly and build gradually. Or you may need to restrict your activities to those that are safe for you.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date that it is completed and becomes invalid if my condition changes. I also acknowledge that a Trustee (Town of Whitchurch-Stouffville Fitness Centre or other designate) may retain a copy of this form for their records. In these instances, the Trustee will be required to adhere to local, national, and international guidelines regarding the storage of personal health information ensuring that they maintain the privacy of the information and do not misuse or wrongfully disclose such information.

Signature or Participant

Date

Parent or Guardian (if under 18)

Date

Part II – Further Health Screening & Waiver

Are you pregnant? Y / N Approx. Due Date _____
 Has your doctor ever told you to restrict your activities during pregnancy? Y / N
 Has your doctor given you permission to engage in exercise following pregnancy? Y / N

**If you answered YES to one or more questions on page one:
 Fitness Staff will assist you to complete a supplementary questionnaire to determine if further
 information is required from a medical practitioner before increasing physical activity.**

List any medications you are presently taking and their purpose (use separate page if needed)

Medication

Purpose

_____	_____
_____	_____
_____	_____

I recognize and have been informed that a risk of injury, potential health complications or death to myself may be involved in physical activity. I hereby assume total responsibility for such risks for myself or the above-named person for whom I am/will be responsible and assume full liability during or after participation in physical activity. The Town of Whitchurch-Stouffville cannot/will not be held liable for any risks I have willingly assumed, and I, THEREFORE HEREBY RELEASE AND FOREVER DISCHARGE AND AGREE TO HOLD HARMLESS the Town of Whitchurch-Stouffville, its representatives, agents, employees and successors from all actions or claims for any type of liability and/or property loss or damage whatsoever arising because of participation in the activity program or any other associated activity. I have read the above terms, understand and agree to the contents of this consent in its entirety.

Signature or Participant

Date

Parent or Guardian (if under 18)

Date

Personal information is collected pursuant to Municipal Freedom of Information and Protection of Privacy Act

Admin Use

Fitness		Group Fitness		Fitness / Group Combined		Payment	
	Monthly Perpetual		Monthly Perpetual		Monthly Perpetual		Cash
	12 Month		12 Month		12 Month		Cheque
# Mths	Monthly Fixed	# Mths	Monthly Fixed	# Mths	Monthly Fixed		Debit
	10 Visits		10 Visits		10 Visits		VISA
	Pool Buy-Up		Pool Buy-Up		Pool Buy-Up		Master Card
Locker#	Locker Buy-Up			Locker#	Locker Buy-Up		Fitness – single visit
	Adult		Adult		Student		Youth Fitness
	Student		Student		Adult	Notes	
	Senior (60+)		Senior (60+)		Senior (60+)		

Fitness Use

Orientation/ Appraisal Date		Resting BP		Screened by	
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