

**Greenwood Athletic and Tennis Club**  
**Physical Activity Readiness Questionnaire (ParQ)**

Member Name: _____		Date: _____	
Gender: Male / Female		Member Number: _____	
Height/Weight: _____ / _____		Date of Birth: __/__/__	
Telephone Number: (h) _____		(w) _____ (c) _____	
Email Address: _____			
Preferred method of contact: email _____ cell phone _____ home phone _____ work phone _____			
Days/Times you prefer to work out: _____			

For most people, physical activity should not pose any problem or hazard. Many health benefits are associated with a sensible program of regular, moderate, and adequate exercise. The completion of this physical activity readiness questionnaire is an important first step to allow you to begin or continue safely with physical activity. Determining physical activity readiness enables the identification for the small number of adults for whom some physical activity might be inappropriate, or those who should have medical advice concerning the most suitable type of activity.

**Please read these questions carefully and circle Yes or No:**

- |  |     |    |
|--|-----|----|
| 1. Has a doctor ever said you have heart trouble?  | YES | NO |
| 2. Do you frequently have pains in your heart and/or chest?  | YES | NO |
| 3. Do you often feel faint or have spells of severe dizziness?   | YES | NO |
| 4. Has a doctor ever said that your blood pressure was too high?   | YES | NO |
| 5. Has a doctor ever told you that you have a bone or joint problem, such as arthritis that has been aggravated by exercise, or might be made worse with exercise? | YES | NO |
| 6. Is there a good physical reason not mentioned here why you should not follow an exercise program? List reasons: _____   | YES | NO |
| 7. Are you taking any medication that affects your exercising ability?   | YES | NO |

**Express Assumption of Risk/Release of Liability**

- If I answered yes to any of the questions above, I recognize that Greenwood Athletic and Tennis Club (the "Club") recommends that I visit a doctor before I begin an exercise program or use the Club, that I provide the Club with a medical release, and that I follow my doctor's advice regarding exercise.
- If my health changes so that I then would answer yes to any of the above questions, I agree to notify the Club of the health change and see a doctor before continuing or changing my exercise program.
- I understand that for some individuals physical activity may lead to or worsen health problems. In exchange for my voluntary use of the Club, I hereby assume any and all risks from an exercise program and use the Club, including without limitation risks arising from a pre-existing medical condition, known or unknown. I hereby release the Greenwood Athletic Club Metropolitan District and its agents from any and all liability, claims, demands, actions, or rights of action, which may arise from my use of the Club including physical injury or death.

**X**

Participant's Signature

Date

(Please fill out other side)

Name: \_\_\_\_\_

What are your fitness goals?

- Gain muscle / change body composition
- Lose unwanted weight
- Improve health through activity
- Returning from injury
- Returning from pregnancy
- Prepare for an event / competition
- Specify: \_\_\_\_\_

How often do you generally work out?

- 0-2 times a week
- 3-4 times a week
- 5-6 times a week
- Other \_\_\_\_\_

What types of training would you prefer?

- Work out by yourself
- Work out with a personal trainer
- Work out in group classes
- Work in a small group training with a trainer / instructor
- Don't know / need more exposure to different types
- undecided

When working out by yourself, what do you participate in the most?

- Weight training
- Cardiovascular training (treadmill, bike, etc.)
- Swimming
- Yoga / Pilates
- Other \_\_\_\_\_

What group classes have you done in the past?

- Step
- Body PUMP
- Spinning
- Kickboxing / Martial Arts
- Pilates
- Low impact / Dance
- High intensity / Sports Conditioning
- Yoga
- Other \_\_\_\_\_

On a scale of 1-3 how self motivated are you to make lifestyle changes?

1 – not motivated    2 – somewhat motivated    3 – motivated

Any medical / orthopedic concerns that we need to be aware of:

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**Are you interested in receiving your two complimentary sessions with a Personal Trainer?**

- \_\_\_ Yes
- \_\_\_ Not now, but you can contact me in 1, 2 or 3 months (circle one)
- \_\_\_ No, because \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

**Are you interested in receiving a complimentary Pilates session with a Pilates Instructor?**

- \_\_\_ Yes
- \_\_\_ Not now, but you can contact me in 1, 2 or 3 months (circle one)
- \_\_\_ No, because \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_