

Fight Club – PAR-Q

Physical Activity Readiness Questionnaire

This information will not be used for marketing or any other commercial activity and is required for the sole purpose of ensuring your time training with Fight Club is done so safely.

If you would like to receive more information about future fitness classes or our online Nutrition and Fitness coaching services please tick this box

Name: _____ Date: _____

DOB: _____ Height: _____ Weight: _____

Your Phone: _____ Your Email: _____

Emergency Contact Name: _____ Emergency No: _____

Has your healthcare provider ever diagnosed a heart condition and recommended you only perform physical activity agreed by a doctor? Yes No

Do you experience chest pain when performing physical activity? Yes No

Have you experienced chest pain when not performing physical activity in the last month? Yes No

Do you lose balance because of dizziness or have you lost consciousness recently? Yes No

Do you have any bone or joint complaints (back, knee, hip etc.) such as Arthritis, which could be aggravated by physical activity? Yes No

Is your Doctor prescribing you medication for high blood pressure or A heart condition? Yes No

Is there any reason why you should not participate in physical activity? Reason: _____ Yes No

Do you currently exercise on a regular basis? (3+ times per week) Yes No

If yes to any questions please let us know more: _____

Signature _____ Guardian Signature _____
(under 16 only)