

PAR-Q

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Name		Date	/ /		
Street Address		DOB	/ /		Age
City		State		Zip Code	School Sport

Email Address	Home Phone #	Cell Phone #
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Emergency Contact	Relationship	Phone #
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PAST HEALTH HISTORY	YES	NO
Has your doctor ever informed you that you have heart trouble?		
To the best of your knowledge, do you currently have high blood pressure?		
Have you undergone surgery (minor or major) within the past two years?		
Do you currently have a bone or joint problem that may become aggravated with strenuous exercise?		
Do you have diabetes? If so, what type:		
Do you have any concerns about participating in a strenuous fitness program such as dizziness, fainting, chest pains, pregnancy, low back pain, smoking, current medications, etc. ? If so, please explain:		
Are you currently taking medication? If so, please list:		
Is there anything, not mentioned above, that we should be aware of in order for us to appropriately design a safe and productive fitness program for you? If yes, please explain:		

As a client of **JD SPORTS PERFORMANCE TRAINING, INC., d/b/a The Athletes Edge (hereinafter referred to as "The Athletes Edge")**, I intend to engage in strenuous physical activities. I acknowledge that these activities involve certain risks and I understand that being a part of an Athletes Edge program that I voluntarily assume these risks. I mean to include in the assumption of risk, the risk of injury, no matter how serious. In consideration of being accepted as a client of The Athletes Edge, I hereby release and forever discharge The Athletes Edge and Florida Atlantic University, their respective management, partners, agents, contractors, employees, volunteers and interns (whether acting within the scope of their employment or not) from any claims, demands, or causes of action relating to or arising from my presence or participation in an Athletes Edge program, which may result in injury to me or even death. I intend this release to bind my heirs, executors, assigns, administrators, personal representatives, and myself.

Client Name (Please Print) Client Signature Date

Parent/Guardian (Please Print) Parent/Guardian Signature Date