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TRUE FIT YOU - TEAM HIGH PARK

Physical Activity Readiness Questionnaire

NAME: _____

ADDRESS (including postcode): _____

EMERGENCY CONTACT & NUMBER: _____

MOBILE: _____ HOME: _____ EMAIL: _____

Regular exercise is beneficial to the health in general; however you must be careful about any associated injury risk. Please fill in the form below carefully so that your instructor is aware of your risk profile, therefore she can advise you of any modifications to make during a class.

Please circle YES or NO to the following questions:

1. Do you have a heart condition due to which you should only undertake physical activity recommended by a physician?	YES / NO
2. When you partake in physical activity do you feel pain in your chest?	YES / NO
3. Do you ever lose consciousness or lose your balance due to dizziness?	YES / NO
4. Do you have a joint or bone problem that may get worse due to physical activity?	YES / NO
5. Is a doctor currently prescribing medication for your blood pressure or heart condition?	YES / NO
6. Do you have insulin dependent diabetes?	YES / NO
7. Are you pregnant or post-partum?	YES / NO
8. Are you under 16?	YES / NO
9. Are you a woman over the age of 55?	YES / NO
10. Do you suffer from photo-sensitive epilepsy?	YES / NO
11. Do you know of any other reason you should not exercise or increase your physical activity?	YES / NO

If you answered 'YES' to any one question, please get medical authorization from your doctor to partake in training. If you answered 'NO' honestly to all questions, you can be reasonably sure that you are fit to undertake any of the classes with Dalia Dissanayake.

Note: Should any changes occur regarding your answers to any of the questions above, please inform Dalia immediately and ask her if any change in your training is required.

I have read, understood and completed this questionnaire. All questions are answered to my full satisfaction. I understand that I will be going through a strenuous physical training routine during which I could get injured. I am voluntarily participating in these classes and take full responsibility of any risks due to injury that might result. I agree to waive any claim or right to sue Dalia Dissanayake, Water Front Fitness or High Park Korean Church for injury to myself as a result of the training activity.

Participant's signature: _____ Date: _____