

STARTING LINE FITNESS

PHYSICAL ACTIVITY READINESS

Physical activity should not be hazardous for most people. The PAR-Q has been designed to identify those individuals who should seek medical attentions prior to beginning a physical fitness program.

Please answer all questions accurately and honestly to allow us to fully determine your individual needs.

Body fat % _____ Date ____/____/____

Last name _____ First name _____

Address _____

Street _____ City _____ State _____ Zip code _____

Home # (____) _____ Cell # (____) _____ Business # (____) _____

Age _____ Height _____ Weight _____

PERSONAL HISTORY

Yes

No

1. Do you have high cholesterol? _____
2. Has your doctor ever said that you have heart trouble? _____
3. Has your doctor ever told you that you have a bone or joint problem (i.e. arthritis) that has been or may be exacerbated by physical activity? _____
4. Has your doctor ever told you that your blood pressure was too high? _____
5. Are you over 65 years of age and not accustomed to vigorous exercise? _____
6. Is there any reason, not mentioned thus far, that would not allow you to participate in a physical fitness program? _____

Buyer acknowledgement and assumption of risk and full release from liability of Starting Line Fitness. Buyer acknowledges, these physical activities involves the inherent risk of physical injuries or other damages, including, but not limited to: heart attacks, muscle strains/pulls/tears, broken bones, shin splints, heart palpitations, knee/lower back/foot injuries and any other illness, soreness, or injury however caused occurring, during or after buyer's participation in the physical activities. Buyer further acknowledges that such risks include, but are not limited to injuries caused by the negligence of an instructor or another person, defective or improperly used equipment, over- exertion of a buyer, slip and fall by buyer, or an unknown health problem of buyer. Buyer agrees to assume all risk and responsibility involved with participation in the physical activities, buyer affirms that buyer is in good physical condition and does not suffer from any disability that would prevent or limit participation in the physical activities. Buyer acknowledges participation will be physically and mentally challenging, and buyer agrees that it is the responsibility of buyer to seek competent medical or other professional advice, regarding any concerns or questions involved with the ability of buyer to take part in Starting Line Fitness physical activities. By signing this agreement, buyer asserts that he or she is capable of participating in the physical activities. Buyer agrees to assume all risk and responsibility for not exceeding his or her physical limits.

Buyer Signature: _____

Initials: _____

STARTING LINE FITNESS

The following information will be treated as privileged information	Yes	No
1. Do you ever feel weak, fatigued, or sluggish?	___	___
2. How many meals do you eat a day? _____		
3. Do you know how many calories you eat in a day? _____	___	___
a. If yes, how many calories do you consume a day? _____		
4. Do you eat breakfast?	___	___
5. Are you taking supplements	___	___
a. (i.e. vitamins, amino acids, protein shakes, etc)?		
6. Do you crave sugary foods?	___	___
7. Do you need several cups of coffee to keep you going?	___	___
a. If yes, how many cups of coffee do you drink a day? _____		
8. Do you often experience digestive difficulties?	___	___
9. Proper nutrition can increase the body's ability to enhance physical and mental performance by up to 80%, Do you feel that a properly structured nutrition and exercise program would benefit you?	___	___
10. How long have you been exercising? _____		
11. Have you reached and maintained your goals?	___	___
a. Please list your goal(s) below		
12. Are you happy about your health and the way you look?	___	___
13. On a scale of 1-10 (1 = least committed, 10 = most committed), how serious are you about achieving your goals? _____		

Please list your desired fitness goals:

Desired body fat: _____

Desired weight: _____

Desired waist size: _____

Desired dress or pants size; _____

I plan to exercise _____ times a week

I am interested in:

Aerobics classes _____

Free weight training _____

Cardiovascular training _____

Circuit training _____

I could like to:

Increase muscle tone _____

Lose body fat _____

Increase stamina _____

Increase strength/Lean mass _____

Improve overall health _____