



Enrolment form and Health Questionnaire (PAR-Q)

Please answer all the questions below. All information remains confidential.

Name:.....

Address:.....

Telephone:.....Email.....

Date & time of preferred class(es).....

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the yes or no opposite the question if it applies to you.

| N° | YES | NO | Question |
|----|-----|----|---|
| 1. | | | Has your doctor ever said you have heart trouble? |
| 2. | | | Do you frequently have pains in your heart and chest? |
| 3. | | | Do you often feel faint or have spells of severe dizziness? |
| 4. | | | Has a doctor ever said your blood pressure was too high? |
| 5. | | | Has your 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? |
| 6. | | | Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? |
| 7. | | | Are you pregnant or have you had a baby in the last 6 months? |
| 8. | | | Are you over age 65 and not accustomed to exercise? |

If you answered YES to one or more questions...

If you have not recently done so, consult with your personal physician by telephone or in person before increasing your physical activity and/or taking a fitness test.

If you answered NO to all questions...

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for exercise.

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| Please provide further comments (e.g. any history of back pain). Please also give details of what you hope to gain from the classes (e.g. improved posture, flatter tummy, strengthened back). |
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| I declare that I have understood the above questions and that, to the best of my knowledge, the information given is correct and I know of no reason why I should not participate in the Pilates classes. |
| Signed: Date:..... |

I am happy to answer any questions you might have about Pilates so please contact me by telephone or e-mail:

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E-mail: revivepilates@mail.fr