

## PERSONAL DETAILS

APPLICANT INFORMATION											
First Name		Last Name		D.O.B							
Street Address				City			Post Code				
CONTACT DETAILS											
Home Phone				Mobile							
Email Address											
EMERGENCY CONTACT DETAILS											
Name			Relationship			Contact Number					
Doctor's Details						Contact Number					
SAFEGUARDING											
Are you as the Applicant under the age of 18 years old?		Yes		No		Are you classed yourself as Vulnerable? If so, please state in the blank box provided on the right-hand side		Yes		No	
Are you as the Applicant is over the age of 18 years old?		Yes		No							
DECLARATION											
<p>I have written and understand that my details are correct, if I do change my details soon, I will inform #BreakingRecords Fitness as soon as possible. Please also provide doctors details if you have any specific conditions that need to be addressed and contact your GP for further advice including alternative exercises (See PAR-Q Form on next page).</p> <p>Safeguarding - Protecting children and adults (18+) at risk of harm (abuse, neglect, exploitation) due to age, disability, illness, or mental health issues, ensuring their right to safety, dignity, and choice while promoting overall health and wellbeing, with actions including preventing harm, reporting concerns to councils/police, and supporting individuals to participate in exercise. Photo/Video Release Forms are separate when you're utilizing our services for Strength and Conditioning for 1:1 Personal Training, 1:1 Courses, Group Courses and Team Sport Group as well as Express Group Training for Charity Events, SGPT and Corporate Personal Training. Fitness Classes are not needed to fill in the Photo/Video Release Forms at this current time.</p> <p>Privacy Notice - By filling out this form including your PAR-Q Form, your privacy is important to us so that we store your information safely in a professional manner. You'll also receive e-mails from us to keep up to date with our services, you can unsubscribe at any time at your own consent. Please be aware you'll be likely to fill this form out again later if you do decide to participate with us again in the future, we can also reserve the right to terminate the form if you haven't been active with our services for a long period of time.</p> <p>Full Terms and Conditions can be found on our website for more information as below:  <a href="http://www.breakingrecordsfitness.co.uk/terms-and-conditions">www.breakingrecordsfitness.co.uk/terms-and-conditions</a></p>											
FULL NAME				SIGNATURE				DATE			

**Thank you for choosing to train with #BreakingRecords Fitness**

Please return this completed form to the contact details provided below:

If you have any other forms to fill out are extended in separate documents provided by #BreakingRecords Fitness only on our website or they are all in one document to continue completing in detail

# PHYSICAL ACTIVITY READINESS QUESTIONNAIRE FORM

## SUMMARY OF THE PAR-Q FORM

Taking part in physical activity/exercise is very safe for most people. However, some people should check with their doctor before they start an exercise session. Before taking part in physical activity and/or exercise, please answer the questions below. All ages when completing the PAR-Q will tell you if you should check with your doctor before you start. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: please tick YES or NO

NO	QUESTIONS	YES	NO
1	Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity/exercise recommended by a doctor?		
2	Is there any history of heart disease in your family?		
3	Do you feel pain in your chest when you do physical activity/exercise?		
4	In the past month, have you had chest pain when you were not doing physical activity/exercise?		
5	Do you lose your balance because of dizziness, or do you ever lose consciousness?		
6	Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?		
7	Do you suffer from any of the following: asthma; diabetes; epilepsy; high blood pressure? (if so, please give details below)		
7a			
8	Are you currently pregnant or have been pregnant in the last 6-12 months? (NOTE: Q8 is for FEMALES only)		
8a	1 <sup>st</sup> Trimester (weeks 1-14)		If ticked Yes to Ante Natal question between 1 <sup>st</sup> to 3 <sup>rd</sup> Trimester, you'll be required to fill out a PAR-MEDX Pregnancy form to gain clearance to participate in any form of exercise from your local GP*
	2 <sup>nd</sup> Trimester (weeks 15-27)		
	3 <sup>rd</sup> Trimester (weeks 28-42)		Post Natal (6 weeks- 1 year)
9	Do you have any current injuries or conditions, and if so, are they being treated by your local GP or other private health professional? (If so, please give details below)		
9a			
10	Do you know of <u>any other reason</u> why you should not do physical activity/exercise?		

### DECLARATION

If you have answered YES to any of the questions above, please complete a PAR-MEDX Form to complete another further screening before taking part in the physical activity or exercise session, it may be necessary for you to be referred to your GP if on the PAR-MEDX Form you have answered YES to further screening questions. If you have answered NO on the PAR-MEDX Form for further screening, you would be able to take part in physical activity or exercise sessions. If you answered NO to all questions, you can be reasonably sure that you can safely take part in the physical activity or exercise sessions, but please ensure that you begin slowly, warm up appropriately and progress slowly.

\*Question 8 for PAR-MEDX Pregnancy Form is required to fill out and gain clearance by your Local GP

PAR-MEDX and/or PAR-MEDX Pregnancy Forms to download on our website -  
[www.breakingrecordsfitness.co.uk/downloads](http://www.breakingrecordsfitness.co.uk/downloads)

*Assumption of Risk: I declare that I have read, understood, and answered honestly all the questions above. I am agreeing to participate in the exercise session (which may include aerobic, resistance, power and stretching exercises) and understand that there may be risks associated with physical activity.*

*"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."*

NAME		SIGNATURE		DATE	
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