

# POINTE-CLAIRE MASTERS SWIM CLUB

## Registration Form 2023-2024



Name:		Date of birth: <span style="color: grey;">YYYY-MM-DD</span>	Medicare:
Street:		Postal Code:	
City:	Tel (home):	Tel (cell):	
Email:		New Members: Have you swum with Masters elsewhere? YES NO	
Emergency contact:		Relation:	Tel:
Multi-Card Pointe-Claire Residents:			Expiry Date:
My goal this year: I want the coaches to help with:			

### PAR-Q

For your safety we ask that you complete and comply with the recommendations of the following Physical Activity Readiness Questionnaire (Par-Q) before engaging in physical activity.

YES	NO	Question
<input type="radio"/>	<input type="radio"/>	1. Has your doctor ever said that you have a heart condition? <i>o Heart Attack o Stroke oArrhythmia o High blood pressure o Other _____</i>
<input type="radio"/>	<input type="radio"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="radio"/>	<input type="radio"/>	3. In the past month, have you had any chest pain when you were <b>not</b> doing physical activity?
<input type="radio"/>	<input type="radio"/>	4. Are you a diabetic?
<input type="radio"/>	<input type="radio"/>	5. Are you asthmatic?
<input type="radio"/>	<input type="radio"/>	6. Are you currently taking medication for the following? <i>o Blood pressure o Cholesterol o Blood sugar oHeart medication o Other _____</i>
<input type="radio"/>	<input type="radio"/>	7. Do you lose balance because of dizziness and/or do you ever lose consciousness?
<input type="radio"/>	<input type="radio"/>	8. Do you have Arthritis? <i>Joints affected: _____</i>
<input type="radio"/>	<input type="radio"/>	9. Do you have Osteoporosis? <i>Area affected: _____</i>
<input type="radio"/>	<input type="radio"/>	10. Are you currently experiencing, or have you ever had, any pain in the following: <i>o Upper Back o Lower Back o Shoulder o Neck o Hip o Knee</i>
<input type="radio"/>	<input type="radio"/>	11. Are you pregnant or planning to become pregnant in the near future?
<input type="radio"/>	<input type="radio"/>	12. Are you over 69 years of age and physically <b>inactive</b> ?
<input type="radio"/>	<input type="radio"/>	13. Are you over 35 years of age and has it been over ONE year since you have seen a physician?
<input type="radio"/>	<input type="radio"/>	14. Do you know of any other reason why you should NOT participate in physical activity?

**If you answered YES to one or more questions:**

It is **your** responsibility to talk with your doctor by phone or in person BEFORE you start becoming much more physically active. You may be able to do any activity that you want – as long as you start slowly and build up gradually. Certain activities may be unsafe for you. It is **your** responsibility to talk to your doctor and a certified fitness trainer about the type of activities you wish to participate in and follow his/her advice. Gym supervisors and fitness instructors are available to help answer any questions and concerns that you may have about exercising.

**If you answered NO to all questions:**

You can be reasonably sure that you can start becoming more physically active – begin slowly and build up gradually. This is the safest and easiest way to go. Speak with a certified fitness trainer or instructor before you begin exercising. If you hold a valid weight room membership, we encourage you to make an appointment with a weight room supervisor for equipment and program demonstrations.

**Allergies / Additional medical history:** \_\_\_\_\_

I have read, understood and completed this questionnaire. I hereby acknowledge that my participation in such a program is entirely voluntary on my part. If after completing this form, there are any changes to my health, it is my responsibility to advise my coach.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_