POINTE-CLAIRE MASTERS SWIM CLUB
Registration Form 2025-2026

Name:	**Date of birth:** YYYY-MM-DD	**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**	
o	o	**1.** Has your doctor ever said that you have a heart condition? o *Heart Attack* o *Stroke* o*Arrhythmia* o *High blood pressure* o *Other* _____
o	o	**2.** Do you feel pain in your chest when you do physical activity?
o	o	**3.** In the past month, have you had any chest pain when you were **not** doing physical activity?
o	o	**4.** Are you a diabetic?
o	o	**5.** Are you asthmatic?
o	o	**6.** Are you currently taking medication for the following? o *Blood pressure* o *Cholesterol* o *Blood sugar* o*Heart medication* o *Other* _____
o	o	**7.** Do you lose balance because of dizziness and/or do you ever lose consciousness?
o	o	**8.** Do you have Arthritis? *Joints affected:*_____
o	o	**9.** Do you have Osteoporosis? *Area affected:*_____
o	o	**10.** Are you currently experiencing, or have you ever had, any pain in the following: o *Upper Back* o *Lower Back* o *Shoulder* o *Neck* o *Hip* o *Knee*
o	o	**11.** Are you pregnant or planning to become pregnant in the near future?
o	o	**12.** Are you over 69 years of age and physically **inactive**?
o	o	**13.** Are you over 35 years of age and has it been over ONE year since you have seen a physician?
o	o	**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:_____

_____ *I would like to pay in 3 instalments (1/3 due on September 15, 1/3 due on December 15, balance due on March 31)*