



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Name _____ Member # _____

How did you hear about us? _____

Interest:

Phone _____

Cardio/Track Strength

Email _____

Classes Kids' Club

Birth date _____

Racquetball Wallyball

City _____

Personal Training

Other _____

Emergency Contact & Phone _____

For most people, physical activity should not pose any problem or hazard. This questionnaire 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. Please answer yes or no to the following:

1. Has your doctor ever said you have heart trouble? _____
2. Do you frequently suffer from pains in your chest? _____
3. Do you often feel faint or have spells of severe dizziness? _____
4. Has your 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? Please explain: _____

❖ *If you answered yes to any questions, please consult your physician before increasing your physical activity.*

I understand that there is risk of injury, heart attack, or even death as a result of my participation in an exercise program and/or health screening, but knowing those risks, it is my desire to proceed with the programs of Eldridge Recreation & Fitness.

I further agree to indemnify and hold harmless Eldridge Recreation & Fitness Center, its' officers and agents from any liability due to injury to my body or property. If correct, and you agree and understand, please sign below.

Signed _____ Date _____

Parent/Guardian Signature if under the age of 18 _____

NEW MEMBER ORIENTATION APPOINTMENTS

1. Was the New Member Orientation explained and offered to the member? Yes/No.
2. Yes: Date of New Member Orientation ____/____/____. No: I understand the benefits of the Eldridge Rec & Fitness orientation program but choose not to participate.

Signed: _____ Date ____/____/____ Staff Initials: _____