

PAR-Q

Physical Activity Readiness Questionnaire

CONTACT INFORMATION:

First Name _____ Middle Initial _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____ Gender _____

Birth Date ____/____/____ Phone Number (____) _____ home/cell/other

Email _____

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____

Phone Number (____) _____

PAST HEALTH HISTORY:

Have you been informed by your doctor that you have heart trouble? Yes/No

Do you feel pain in your chest when you are physically active? Yes/No

In the past month, have you had pain in your chest when you were not doing physical activity? Yes/No

Do you lose your balance because of dizziness or do you ever lose consciousness? Yes/No

Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes/No

Is your doctor currently prescribing pills for your blood pressure or heart condition? Yes/No

Do you know of any reason why you should not do physical activity? Yes/No

** If you answered yes to any of the above questions, then you will need to talk with your doctor in person or by phone before you participate in any program offered by Nothing But Net Basketball.*

Client Name (Please Print)

Client Signature

Date

Parent/Guardian (Please Print)

Parent Guardian Signature

Date