We hold this information on file, should anything change, you must notify us.

**Student Name: D.O.B.:**

**Address:**

**Email: Phone No.:**

Has your doctor ever said you have a heart condition and that

you should only do physical activity recommended by a doctor? Yes/No

Do you feel pain in your chest when you do physical activity? Yes/No

In the past month, have you had a chest pain when you were not

doing physical activity? Yes/No

Do you lose balance because of dizziness or do you ever lose

consciousness? Yes/No

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? Yes/No

Is your doctor currently prescribing medication for your blood pressure

or heart condition? Yes/No

Do you know of any other reason why you should not take part in physical activity?

If YES, please comment:

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

You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

**If you answered NO to ALL of the questions:**

It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level if you deem it fitting and appropriate.

A fitness appraisal can help determine your ability levels.

**I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging my child in an acceptable level of exercise and martial arts training, and my child’s participation involves a risk of injury.**

**Signature of Parent/Guardian: Print Name: Date:**

**Having answered YES to one of the questions above, I have sought medical advice and my GP has agreed that I may exercise.**

**Signature of Parent/Guardian: Print Name: Date:**

**Note: This PAR Q becomes invalid should your condition change. Please notify your instructor immediately if you have concerns.**