

Session Date:

Location:



**FIT Parks  
City Parks Fitness Program  
Registration Form**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

Name of Parent (if under 18): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, State \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ALTERNATE PHONE/ CELL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

I, \_\_\_\_\_ [Releasor], residing at \_\_\_\_\_ [address],  
\_\_\_\_\_ [city], \_\_\_\_\_ County, New York, acknowledge that I personally and anyone  
acting on my behalf, including but not limited to attorneys, representatives, agents, heirs, executors, administrators,  
assigns, insurers, predecessors, successors or any other person or entity asserting claims through me, agree to  
release, waive, discharge, indemnify, defend, agree not to sue, and hold harmless the City of Syracuse, City of  
Syracuse Department of Parks and Recreation, and all of their respective directors, officers, agents, employers,  
employees, successors, instructors, beneficiaries, heirs, executors, sponsors and sponsoring agencies, administrators,  
assigns and affiliates thereof (collectively known thereafter as the Releasees), from all liability to myself, my  
personal representatives, assigns, heirs, and next of kin and against any and all claims, demands, suits, losses,  
damages, expenses, costs, and liabilities (including reasonable attorney's fees and expenses) which hereinafter may  
accrue or arise against the Releasees and which in any way arise out of or are in anyways related to participation in  
the FIT Parks Fitness program.

I, (Releasor) accepts and clearly understand that there are dangers and risks involved in fitness/exercise classes that  
cannot be eliminated and that injuries do occur in these activities. Releasor further acknowledges, accepts, and  
understands that this list of risks and potential dangers is not complete or exhaustive and that other risks and injuries,  
known or unknown, identified or unidentified, may also result in injury, trauma, permanent disability, death or other  
damage.

Releasor hereby represents he/she is in good health, that there are no special problems associated with the care of the  
Releasor, and that I have left no special instructions other than those listed on the registration form.

Releasor further releases all officials and professional personnel from any claim whatsoever because of first aid,  
treatment, or service rendered to his/her participation in the activities of the FIT Parks Fitness Program.

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

PRINT NAME \_\_\_\_\_



## FIT! Parks City Parks Fitness Program

### Physical Activity Readiness Questionnaire

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

	<u>YES</u>	<u>NO</u>
1. Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?	_____	_____
2. Do you frequently have pains in your chest when you perform physical activity?	_____	_____
3. Have you had chest pain when you were not doing physical activity?	_____	_____
4. Do you lose your balance due to dizziness or do you ever lose consciousness?	_____	_____
5. Do you have a bone, joint or any other health problem that may be aggravated by the proposed physical activity?	_____	_____
6. Are you pregnant now or have you given birth within the last 6 months?	_____	_____
7. Is your doctor currently prescribing drugs for your blood pressure or heart condition?	_____	_____
8. Do you have diabetes ?	_____	_____
9. Do you have Osteoporosis?	_____	_____
10. Do you know of any other reason why you should not exercise?	_____	_____

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

Talk with your doctor by phone or in person before you start becoming much more physically active before you have a fitness appraisal. Tell you doctor about the PAR-Q and which question(s) you answered YES.

- You may be able to do any activity you want-as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

**If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:**

- Start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

**Delay becoming much more active:**

- If you are not feeling well because of a temporary illness such as a cold or fever - wait until you feel better.
- If you are pregnant - talk to your doctor before you start becoming more active.
- **Please note:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether your exercise plan needs modification.

**I have read, understood and completed the questionnaire. Any questions that I had were answered to my full satisfaction.**

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_