

OUSE VALLEY EAGLES OPEN SESSION REGISTRATION

Name:	Date of Birth:
Address:	
Email:	Mobile:
Emergency Contact Name:	Mobile:

Physical Activity Readiness Questionnaire (PAR-Q)

The PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patterns. Common sense is your best guide when answering these questions. Please read carefully and answer each one honestly: check YES or NO.

1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? Yes No
2. Do you feel pain in your chest when you do physical activity? Yes No
3. In the past month, have you had a chest pain when you were not doing physical activity? Yes No
4. Do you lose balance because of dizziness or do you ever lose consciousness? Yes No
5. 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
6. Is your doctor currently prescribing medication for your blood pressure or heart condition? Yes No
7. Do you know of any other reason why you should not do physical activity? Yes No

If YES, please comment:

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.

NO to all questions: It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level. A fitness appraisal can help determine your ability levels.

PLEASE NOTE: IF YOU HAVE TAKEN ANY MEDICATION OR PAIN KILLERS BEFORE THIS SESSION YOU MUST INFORM THE MEDICAL TEAM OR COACHING STAFF. IT IS VITAL WE ARE ABLE TO GIVE THIS INFORMATION TO THE EMERGENCY SERVICES IF NECESSARY.

WARNING: Football is an aggressive, physical game and despite best precautions injuries will occur. Your best protection against injury is to become as physically fit as possible, adopt the correct techniques for blocking and tackling and always follow the game rules. It is expressly forbidden under the rules of the game to make initial contact with the helmet. It is also forbidden to grasp or tackle an opponent by the face mask or helmet opening. Such actions can cause serious or catastrophic injury.

DECLARATION: I have read and understood the above warning and accurately completed this questionnaire. I understand I undertake to train and play American Football at my own risk. I also declare the information on this form is detailed and accurate and I understand that by not disclosing medical history this is at my own risk to my health. I also agree that it is my responsibility as a 'team player' to inform the medical team or coaching staff straight away if I incur injury at training or during game time.

Signature: _____

Print Name: _____

Date: _____

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

Signature: _____

Print Name: _____

Date: _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the 7 questions.