

Confidential Physical Activity Readiness Questionnaire

Last Name _____ First Name _____

Address _____

City _____ Prov _____ Postal Code _____

Home Phone _____ Email Address _____

Date of Birth _____ Emergency Number _____

Membership Start Date

Yr	Mo	Day
----	----	-----

 Membership Expiry Date

Yr	Mo	Day
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 Membership Cost

Excl Tax

Do you have any of the following health concerns?

Health Concern	Yes	No	U	(Unknown) Describe
Heart problems				
High blood pressure				
High blood cholesterol				
Respiratory problems				
Surgery in the last year				
Diabetes				
Artificial limbs, pins or plates				
Injuries, current or past				
Presently on physiotherapy- Reason(s)				
Women: Are you pregnant?				
Do you smoke?				
Do you have Asthma				
Are you on any medication				
Skin conditions				
Is there any reason why you should be careful following an exercise program?				

If you have answered YES to any one of the questions above, please consult your doctor before starting any physical activity

Confidential Physical Activity Readiness Questionnaire (Cont'd)

How would you rate your general health? (circle one)

Excellent Good Fair Poor Very Poor

List your fitness goals (i.e. lose weight, get in shape, tone up, gain weight, injury rehab)

How did you hear about us? (circle one)

TV Radio Newspaper Friend Internet

Other _____

Release Waiver

I, the undersigned, do hereby waive and release the instructors, staff and management of the Pembroke Fitness Centre, and 2287612 Ontario Ltd. from any and all responsibility and/ or liability from all injuries, damages or any after effects which result from use of fitness centre space, and/ or equipment, and/or facilities, or from my participation in any of its programs. I also certify that I am physically fit and have no medical reason to be unable to participate in programs offered. I am aware that there is a no refund policy on all memberships seven days after the start date.

A service charge will apply to all NSF checks. The club reserves the right to changes hours of operation and class schedule at any time. The Pembroke Fitness Centre and Best Western Pembroke Inn & Conference Centre reserves the right to cancel this membership without notice to the member. In such case the total responsibility of the Pembroke Fitness Centre to the affected member will be repayment of the remaining unused membership fees.

I have read the waiver above and agree with all conditions outlined.

Signature _____ Date _____