Strength and Power

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Strength and Power along with Sports Acceleration programs are very safe for most athletes. However, some athletes should check with their doctor before they start our program.

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

YES NO 1. Has a doctor ever said you have a heart condition and recommended only medically supervised physical activity?
YES NO 2. Do you have chest pain brought on by physical activity?
YES NO 3. Have you developed chest pain within the past month?
YES NO 4. Do you tend to lose consciousness or fall over as a result of dizziness?
YES NO 5. Do you have a bone or joint problem that could be aggravated by the program?
YES NO 6. Has a doctor ever recommended medication for your blood pressure or a heart condition?
YES NO 7. Are you aware, through your own experience or a doctor's advice, of any other physical reason which should limit or prevent you from exercising without medical supervision?

If you answered yes to one or more of the previous questions, exercise testing and acceleration participation should be postponed and medical clearance should be sought. Talk with your doctor by phone or in person BEFORE you start the program. Tell your doctor about this survey and which questions you answered YES.

I have read, understood and completed this questionnaire. All questions were answered to my full satisfaction.

Medical History

Smoking (within the last year)	Yes	No
High Blood Pressure (> 140/90)	Yes	No
History of Heart Disease (personal)	Yes	No
History of Heart Disease (family)	Yes	No
Diabetes (personal)	Yes	No
Diabetes (family)	Yes	No
Elevated Cholesterol (> 240 mg/dl)	Yes	No
Heart Murmur	Yes	No
Arrhythmia	Yes	No
Pain or discomfort in chest	Yes	No

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Have you ever had difficulty breathing? Yes No If so, please explain: _____
_____
Have you ever experienced fainting or dizzy spells? Yes No If so, please explain:_____
_____
Have you been injured recently? Yes No If so, please explain: _____
_____
Are you currently taking any medication? Yes No If so, please explain: _____
_____

Is there any condition that might limit your participation in an exercise program? Yes No If so please explain: _____
_____

School: _____

Team: _____ Coach: _____

What sports will you be training for? _____

What position or event? _____

What are your goals in your sport? (Please be as specific as possible) _____
_____

Are you currently exercising? _____ If so, please explain: _____
_____

When does your sport season begin? _____

What days will you be able to train with us? (please circle) M T W Th F Sat.

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I have read, understood, and completed this questionnaire. All questions were answered to my full satisfaction. I acknowledge that no refunds will be granted once program has started.

Signed:_____ Date _____/_____/_____
Participant
_____(Parent of Guardian, if parent is under 18)

Name: _____ _____ _____
First Middle Last

Address: _____ _____ _____ _____
Street or PO Box City State Zip Code

Parent or Guardian Name: _____

Date of Birth: ___/___/___ Height: ___ Weight: ____ Gender: (M/F):____

Home Phone: _____ Work Phone: _____

E-Mail: _____ SSN: ____-____-_____

Physician: _____ Primary Hospital: _____

HEART OF AMERICA SPORTS MEDICINE INFORMED CONSENT

PLEASE READ the accompanying information regarding fitness evaluation, acceleration protocols, and equipment usage. If you have any questions please ask the HAMC Sports Medicine Staff.

1. My participation is voluntary and I may withdraw from the evaluation or program at any time.
2. All testing and training will be under the direction of the HAMC Sports Medicine Staff.
3. I HEREBY CONSENT TO and PERMIT the Heart of America Sports Medicine Staff to use testing data obtained in report or publications.
    - My identity will **NOT** be associated with such reports.
    - My identity will be associated with such reports.

4. I understand that my participation in Acceleration testing and protocols should not result in physical injury to me, however, I acknowledge the following:
    In the event of physical injury resulting from my participation in any part of testing or training, or equipment usage, while training with Heart of America Medical Center Rehab and Wellness, no medical treatment or monetary compensation will be provided by Heart of America Sports Medicine. I must look to my own health insurance policies to cover any cost related to such an injury.
5. I acknowledge that the Sports Acceleration staff is relying on all information provided by me regarding my medical history and condition before allowing me to participate in any evaluation or program. I certify the information to be true and correct.

_____
Signature of Participant

_____
Date

I acknowledge that the participant is under the age of 18. I have reviewed the information provided and certify it to be true and correct.

I consent to _____ participating in Acceleration evaluations, tests, and protocols.

_____
Parent or Guardian's Signature

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