



## Fitness Application - 2026

Checked by: \_\_\_\_\_  
Date: \_\_\_\_\_

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Fitness Class you are registered in: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

For most people, physical activity should not pose any problem or hazard. Par-Q has been designed to identify adults for whom physical activity might be inappropriate or for those who should have medical advice concerning the type of activity most suitable for them.

1. Has your doctor ever indicated that you have heart trouble?	YES	NO
2. Do you frequently suffer from pains in your heart or chest or have chest pains brought on by physical activity?	YES	NO
3. Has a doctor ever said your blood pressure was too high?	YES	NO
4. Are you presently taking any medication? If yes, please indicate what medication you are currently taking _____	YES	NO
5. Are you presently suffering from a cold, flu or common ailments?	YES	NO
6. Have you been diagnosed with osteoporosis? If yes, where is the osteoporosis? _____	YES	NO
7. Do you have any other bone or joint problems that could be aggravated by the activities in a fitness class? If yes, indicate type of condition. _____	YES	NO
8. Do you become breathless after walking up a flight of stairs?	YES	NO
9. Do you have diabetes? If yes, are you taking insulin? _____	YES	NO
10. Is there a reason not mentioned here why you should not follow an activity program if you wanted to? Please specify _____	YES	NO
11. Are there any other medical conditions that the instructor should be aware of? If yes, please indicate _____	YES	NO

\*\*Payments can be made by cash, debit, cheque, credit (subject to 2% transaction fee) or etransfer. Etransfers can be sent to: [payment@townofkearney.ca](mailto:payment@townofkearney.ca). Please include in the memo/description what the payment is for and make the security answer "Kearney". (If any of the above information is missing, your etransfer will NOT be accepted).

### Waiver Form

I release and discharge the Town of Kearney and their staff for any claim, injuries, losses or liabilities suffered or incurred as a result of my participation in any fitness classes.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date