

Pre-Activity Questionnaire (Par-Q)



Date:

Instructor:

Membership Number:

Contact Details

Name:

Mobile Number:

Address:

Home Number:

Date of Birth:

Post Code:

Please circle **YES/NO** for each of the following:

- Yes / No** 1. Has your doctor ever told you that you have a heart condition and that you should limit your physical activity to that recommended by a doctor?
- Yes / No** 2. Do you feel pain in your chest when you exercise?
- Yes / No** 3. In the past month have you felt pain in your chest when **NOT** exercising?
- Yes / No** 4. Do you lose your balance due to dizziness or do you ever lose consciousness?
- Yes / No** 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Yes / No** 6. Are you on any prescribed medication?
- Yes / No** 7. Do you know of any other medical issues you need us to be aware of? (I.e. asthma, diabetes, pregnancy, epilepsy etc.)

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

Consult your GP and take their advice

You may find it's safe for you to exercise as long as you start slowly and build up gradually

If you answered **NO** to all questions:

You can be reasonably sure that you can start becoming more physically active, start slowly and build up gradually.

**** NB – If you have not used the Gym for over 12 months, you will need to have another Par-Q done and updated ****

Medical Details:

Customer Declaration



In signing this form, I confirmed that:

- I have read and understood the above information
- I agree to abide by the etiquette set by Leisure World Colchester
- I understand that bags, coats, sandals and jeans are **NOT** permitted in the gym or at Activa Gym reception area. (Lockers are available)
- I'll notify any changes in medical conditions and absent in attendance for over 12 months to the Personal Trainer so they can update the record with this Par-Q form kept onsite.
- I will seek the advice of the gym staff if I am unsure of the operation of a particular piece of equipment or for any piece of equipment, I have not used previously
- I am aware that exercising can be hazardous and that there is a risk involved.

By signing up for a gym membership you are providing your personal information and in doing so you are accepting and consenting to us storing and processing that information. In order to deliver this service, we may need to share your information with the relevant staff members. Only the minimum amount of data will be shared and only the information required to deliver the service to you. Access to this information will be restricted and kept secure. On cancellation of your membership your records will be kept for 3 years. For further information about how your data is used and stored, please go to www.colchester.gov.uk/privacy.

Customer Signature: _____

Date: _____

Staff Checklist

CV Induction		Tick to use	Staff initials
Upright Bike	Seat Position, Quick Start, level and stop		
Recumbent Bike	Seat Position, Quick Start, level and stop		
Treadmill	Quick Start, how to stop, speed and incline		
Rower	Just Row, foot strap and resistance		
Cross Trainer	Quick Start, level and how to stop		
Stepmill	Quick Start, level and how to stop		
Stepper	Quick Start, level and stop		

Resistance Equipment Induction	Staff initials
Seat adjustment	
Weight adjustment	
Instructions and diagrams	



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