

SCIENCE AND PERSONAL TRAINING

# FITNESS REGISTRATION FORM

Name:	Date of Birth:			
Phone #:	Email:			
Address:				
Emergency Contact:	Phone #:			
CSEP SCPE	Get Active Questionnaire			
THE GOLD STANDARD IN EXERCISE	CANADIAN SOCIETY FOR EXERCISE PHYSIOLOGY			

CANADIAN SOCIETY FOR EXERCISE PHYSIOLOGY

# Physical activity improves your physical and mental health. Even small amounts of physical activity are good and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see csep.ca/certifications) or health care provider is advisable. This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.



I am completing this questionnaire for myself

I am completing this questionnaire for my child/dependent as parent/guardian

The following questions will help to ensure that you have a safe physical activity experience. Please answer YES or NO to each question before you become more physically active. If you are unsure about any question, answer YES.

YES	NO	1. Have you experienced any of the following (A to F) within the past six months
0	0	a. A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?
0	Ο	<b>b.</b> A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?
Ο	О	c. Dizziness or lightheadedness during physical activity?
Ο	Ο	d. Shortness of breath at rest?
Ο	Ο	e. Loss of consciousness/fainting for any reason?
Ο	Ο	f. Concussion?
0	0	2. Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare- up of arthritis, or back pain) that affects your ability to be physically active?
0	0	3. Has a health care provider told you that you should avoid or modify certain types of physical activity?
0	0	4. Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

**Declaration:** To the best of my knowledge, all of the information I have supplied on this questionnaire is correct. If my health changes, I will complete this questionnaire again.

I answered <b>NO</b> to all questions:	I answered <b>YES</b> to 1 or more questions:
Sign and date the declaration	Fitness Staff will assist you to complete a supplementary questionnaire to determine
below	if further information is required from a medical practitioner before increasing
	physical activity.

### Part II – Waiver

Release: I/we and any minor children for whom I/we are responsible at law hereby forever release and discharge The Corporation of the Town of Whitchurch-Stouffville, its employees, contractors, licensees, elected officials, volunteers, and any other persons for whom the Town may be responsible in law, from any and all claims, damages, suits and/or actions whatsoever and howsoever arising, including but not limited to, all claims for damages arising from any accidents, death, personal injury, loss of property, or any transmission and/or contraction of communicable diseases, including but not limited to Covid-19, which may directly or indirectly result from any person's participation in the Town of Whitchurch-Stouffville programs.

Signature	Signature of Parent or Guardian (if under 18)	Date

# Credit Card Authorization (for Monthly Auto-Renewed Memberships Only)

I authorize the Town of Whitchurch-Stouffville to use my credit card for monthly payments of membership. Payment will occur on the monthly anniversary date of the membership.

I will notify the Town of any change to credit card information including expiry date.

I acknowledge the 14 days written notification is required to cancel the membership. Payments are non-refundable. Memberships are not transferable to another person.

It is my responsibility to notify the Town of any changes to my membership account or membership age category.

Memberships will remain active one month beyond final payment

Signature

Date

## Personal information is collected pursuant to Municipal Freedom of Information and Protection of Privacy Act

### Admin Use

Fitness		Group Fitness		Fitness / Group Combined		Payment Details	
	Monthly Auto-Renew	Monthly Auto-Renew			Monthly Auto-Renew		Cash
	12 Month	12 Month			12 Month		Cheque
	10 Visits	10 Visits			10 Visits		Debit
	Pool Buy-Up	Pool Buy-Up			Pool Buy-Up		Credit Card
Locker#	Locker Buy-Up			Locker#	Locker Buy-Up		Fitness – single visit
	Adult	Adult			Adult		Youth Fitness
	Student	Student			Student	Notes	
	Senior (60+)	Senior (60+)			Senior (60+)		

#### Fitness Use

Orientation/		Resting BP		Screened by	
Appraisal Date					

