



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PARQ)

Name of Player:

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? **Yes/No**
2. Do you ever feel pain in your chest when you do physical activity? **Yes/No**
3. Have you ever had chest pain when you are not doing physical activity? **Yes/No**
4. Do you ever feel faint or have spells of dizziness? **Yes/No**
5. Do you have a joint problem that could be made worse by exercise? **Yes/No**
6. Have you ever been told that you have high blood pressure? **Yes/No**
7. Are you currently taking any medication that your coach should be made aware of? If so, what? **Yes/No (If Yes, please state further details)**
8. Is there any other reason why you should not participate in physical activity? **Yes/No**
If Yes, please state further details:

Please note: If your health changes so that subsequently you answer YES to any of the above questions, please inform your Coach immediately.

I have read, understood and completed this questionnaire.

Name (please print):

Signature:

Date:

Emergency contact name and telephone number:

PLEASE HAND THIS FORM TO THE CLASS COACH AT YOUR FIRST SESSION