

# JCC MEMBERSHIP APPLICATION



- Family  
  Couple/Single Parent  
  Individual  
 Rabbi  
  Silver Sneakers

## PRIMARY MEMBER

Prefix	First Name	Middle Initial	Last Name
Gender M F	Date of Birth	Marital Status M S D W	Ethnicity <input type="checkbox"/> American Indian <input type="checkbox"/> African-American/ <input type="checkbox"/> Hispanic <input type="checkbox"/> Black Other <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Not Disclosed
Address (No PO Box)		City	State   Zip
E-Mail		Home Phone	Occupation
Company Name		Company Address	
Work Phone	Cell Phone	Religious Affiliation <input type="checkbox"/> Jewish <input type="checkbox"/> Non-Jewish	Synagogue/Church
Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## SECONDARY ADULT

Prefix	First Name	Middle Initial	Last Name
Gender M F	Date of Birth	Marital Status M S D W	Ethnicity <input type="checkbox"/> American Indian <input type="checkbox"/> African-American/ <input type="checkbox"/> Hispanic <input type="checkbox"/> Black Other <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Not Disclosed
E-Mail		Home Phone	Occupation
Company Name		Company Address	
Work Phone	Cell Phone	Religious Affiliation <input type="checkbox"/> Jewish <input type="checkbox"/> Non-Jewish	Synagogue/Church
Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## CHILDREN / DEPENDENTS / ADDITIONAL ADULT (if over age 26, fees apply)

Name	Gender M F	Date of Birth	Grade	School
E-Mail	Ethnicity <input type="checkbox"/> American Indian <input type="checkbox"/> African-American/ <input type="checkbox"/> Hispanic <input type="checkbox"/> Black Other <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Not Disclosed			
Name	Gender M F	Date of Birth	Grade	School
E-Mail	Ethnicity <input type="checkbox"/> American Indian <input type="checkbox"/> African-American/ <input type="checkbox"/> Hispanic <input type="checkbox"/> Black Other <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Not Disclosed			
Name	Gender M F	Date of Birth	Grade	School
E-Mail	Ethnicity <input type="checkbox"/> American Indian <input type="checkbox"/> African-American/ <input type="checkbox"/> Hispanic <input type="checkbox"/> Black Other <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Not Disclosed			
Name	Gender M F	Date of Birth	Grade	School
E-Mail	Ethnicity <input type="checkbox"/> American Indian <input type="checkbox"/> African-American/ <input type="checkbox"/> Hispanic <input type="checkbox"/> Black Other <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Not Disclosed			
Is your household Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No		Children/dependents must be 26 years old or younger unless special circumstances apply in accordance with IRS regulations. Proof of address may be required.		

# MEMBERSHIP INFORMATION

## EMERGENCY CONTACT

Prefix	First Name	Middle Initial	Last Name		
Address (No PO Box)			City	State	Zip
Relationship	Home Phone	Work Phone	Cell Phone		

## HOW DID YOU HEAR ABOUT US? Check all that apply

<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Facebook/Social Media	<input type="checkbox"/> Internet Search	<input type="checkbox"/> JCC Website	<input type="checkbox"/> Jewish News	<input type="checkbox"/> Outdoor Advertising	<input type="checkbox"/> Radio	<input type="checkbox"/> Virginian Pilot
<input type="checkbox"/> Other				<input type="checkbox"/> Current Member			

## INTERESTS Check all that apply

<input type="checkbox"/> Adult Activities	<input type="checkbox"/> Aquatics	<input type="checkbox"/> Basketball	<input type="checkbox"/> Children & Family Activities
<input type="checkbox"/> Circuit Training	<input type="checkbox"/> Cultural Arts	<input type="checkbox"/> Dance	<input type="checkbox"/> Empty Nester
<input type="checkbox"/> Group Exercise	<input type="checkbox"/> Infant / Toddler Care	<input type="checkbox"/> Interfaith	<input type="checkbox"/> Massage
<input type="checkbox"/> Mommy and Me Playgroups	<input type="checkbox"/> Music	<input type="checkbox"/> Parent Education	<input type="checkbox"/> Pilates
<input type="checkbox"/> Preschool	<input type="checkbox"/> Senior Adult Activities	<input type="checkbox"/> Singles /Young Adults	<input type="checkbox"/> Teens
<input type="checkbox"/> Tennis	<input type="checkbox"/> Yoga	<input type="checkbox"/> Youth Sports Leagues	<input type="checkbox"/> Other

## WAIVER

In consideration of obtaining membership or being allowed to participate in the activities and programs of The Marilyn and Marvin Simon Family Jewish Community Center (JCC) and to use its facilities, equipment, and machinery in addition to the payment of any fees or charges, I do hereby waive, release and forever discharge the JCC and UJFT Community Campus, L.L.C. and their officers, directors, agents, employees, insurers, representatives, and tenants, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities, or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the JCC.

I understand and I am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and assume and accept any and all risks of injury or death.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the JCC or use of equipment or machinery except as hereafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more

frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have received my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

A search of the United States Department of Justice National Sex Offender Public Website will be conducted for all applicants, and membership may be denied based upon this search.

The JCC may videotape or photograph participants enrolled in programs, classes, and/or while enjoying JCC facilities. These photographs are for JCC publications, fliers, publicity efforts, brochures, web use, other electronic communications or video usage. All photos and videos are for use by the JCC and become the sole property of the JCC.

The member also waives any claims for damage, loss or theft of member's property arising out of, or in connection with, the use of JCC facilities (including parking lot). The JCC is not responsible for items lost, damaged or stolen while on the property. Please make sure to secure your valuables in a locked vehicle and/or locker. Should an item be lost or stolen, please inform JCC Security immediately at 757-965-6122. Should a lost or stolen item be located, it becomes your responsibility to properly identify the item and claim it within 30 days. The JCC and its staff will make every effort to return found items to the original owner; however, the JCC

*Continued on following page.*

**WAIVER** *continued*

claims no responsibility for securing these items.

The JCC reserves the right to suspend or revoke program or membership privileges of members whose behavior is deemed inappropriate or detrimental to the well-being

of members or staff. Proper attire is required for participants. Shirts and shoes are required in all public recreational areas. Enclosed shoes are required anywhere in the Fitness Center. The JCC may prohibit the use of any personal equipment on the premises.

**MEMBERSHIP AGREEMENT**

The Marilyn and Marvin Simon Family Jewish Community Center membership is a continuous membership plan. I understand that membership dues are non-refundable. I further understand that my/our membership is a month to month agreement that will automatically renew unless I provide written notice of my intent to cancel at least by the first day of the month. If you cancel after the first day of the month, you will be billed through the end of the subsequent month. Failure to pay in accordance with the terms of the contract will constitute a breach of contract. All membership rates are

subject to change. I understand that it is my responsibility to notify the JCC of any changes in address, bank account information (if utilizing bank draft for payment of dues) or credit card information/expiration date (if utilizing credit card for payment of dues). The joining fee is a one-time fee as long as I remain an active member of the JCC. Membership FOB's are the property of the JCC and must be surrendered upon demand.

**CANCELLATION REQUESTS**

Member may resign from the JCC by giving advance written notice via certified mail, or a signed, dated Membership Edit Authorization form as provided by staff.

If you cancel after the first day of the month, you will be billed through the end of the subsequent month.

**FREEZES**

Member may apply for a temporary freeze status for a period of up to three (3) months and no more often than once every twelve (12) months by completing the Membership Edit Authorization form as provided by staff and paying all dues and other unpaid charges to date. Requests approved after the first day of the month will be honored after the next month's dues are collected.

Members will be charged dues equivalent to one month after returning from a freeze status and prior to cancellation and may change their membership type at any time. Appropriate fees and any differential in membership dues will apply.

**INITIAL 10-DAY CANCELLATION POLICY**

You, the buyer, may cancel this agreement at any time prior to midnight of the 10th calendar day after you have signed this agreement. You may cancel this agreement by completing the Membership Edit Authorization form provided by staff.

The Primary Member Signature below represents the person responsible for all payments on the membership account.

I do hereby attest that I/we have read and fully understand the rules and regulations of the JCC and acknowledge to the best of my/our ability that all information on the membership application is correct and that my/our membership is not transferable.

I, the undersigned, hereby make application for membership in The Marilyn and Marvin Simon Family Jewish Community Center.

Primary Member Signature

.....

Date

.....



# ELECTRONIC FUNDS TRANSFER (EFT) / CREDIT CARD AUTHORIZATION

I, \_\_\_\_\_, hereby authorize my bank to honor preauthorized Electronic Funds Transfer or my credit card institution to charge my credit card for funds drawn by the Simon Family Jewish Community Center on my account for membership, programs, or contribution payments as indicated below. Such transfer shall constitute notice of payment due and is my receipt for the payment. Should any preauthorized EFT or credit card charge not be honored when charged, then I must make the payment in the amount of said payment plus service charges. It is further understood that if such payment is not honored by the bank or credit card institution, then The Simon JCC, at its discretion, may resubmit the amount due for payment on a future date. I understand that this authorization will be in effect until I notify The Simon JCC, in writing, that I no longer desire this service, according to the cancellation policy enumerated previously. I also understand that if corrections to the amount are necessary, it may involve an automatic adjustment (credit or debit) to my account.

## EFT MONTHLY PAYMENT

I choose the EFT option for monthly payment, direct from my:

<input type="checkbox"/> Checking <input type="checkbox"/> Savings		Amount \$ _____	Last 4 Digits of Account Number	
Name of Bank		City	State	
Account Holder Name				
ABA/Bank Transit Number (9 digits)		Account Number		

Please attach a voided check to this form.

## CREDIT CARD MONTHLY PAYMENT

I choose the automatic credit card charge option for monthly payment from my:

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		Amount \$ _____	Last 4 Digits of Credit Card	
Cardholder's Name				
Card Number		Expiration Date	Billing Zip Code	CVV (3 digits)

## FOR OFFICE USE ONLY

Billing Member	Member Number	Date
Membership Type	Corporate or Military Member? <input type="checkbox"/> No <input type="checkbox"/> Yes _____%	

## PROCESSED BY

CSA Initials	Date
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Signature \_\_\_\_\_ Date \_\_\_\_\_











**SIMON FAMILY JCC**

**SANDLER FAMILY CAMPUS of the TIDEWATER JEWISH COMMUNITY  
DOOR ACCESS FOB REQUEST**

PLEASE ISSUE TO: \_\_\_\_\_

\_\_\_\_\_ Last Name First Name Middle Name

HOME ADDRESS: Street#, Street Name, Apt#, City, State, Zip

\_\_\_\_\_ Last 4 Digits of SS# Date of Birth Home Phone# Cell Phone#

First Fob  Replacement Fob (#\_\_\_\_)  Add Rights to Existing Fob  Card/Fob Exchange  
Broken or Lost (circle)

**JCC FITNESS & AQUATICS ONLY** JCC Links # \_\_\_\_\_  
**Kids Connection/Strelitz/HAT requires separate form** (Links billpayer # \_\_\_\_\_)

**CARD ISSUED BY:**

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

ACTIVATE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

REQUESTING AGENCY: JCC BACK-CHECK: \_\_\_\_\_

CAMPUS SERVICES USE ONLY

KEYCHAIN FOB

HOTSTAMP# \_\_\_\_\_

DEACT. DATE \_\_\_\_\_

RETURNED  LOST

BROKEN  UNRETURNED

Billback @ \$10/Key Fob

APPROVED \_\_\_\_\_  
authorized signature - JCC membership

APPROVED \_\_\_\_\_  
authorized signature - Other Date

APPROVED \_\_\_\_\_  
authorized signature - Campus Services

Please return this form to Operations in Suite 200 for review and fob issuance

**FOBHOLDER'S ACKNOWLEDGMENT**

I accept responsibility for the Sandler Family Campus access card issued to me and agree to:

1. Promptly return the fob when my Campus affiliation ends, when the fob's use becomes unnecessary or unauthorized, or upon request. This includes termination of employment or contract, end of JCC membership, or when my child's school enrollment concludes.
2. Pay the replacement cost for a fob that is lost, broken or that I do not return.
3. Follow all rules regarding Sandler Family Campus access fobs, including never lending or altering them, only using the fob for authorized purposes, and immediately reporting the loss or theft of my access fob to the JCC.
4. Firearms and weapons of any kind are strictly prohibited on the Sandler Family Campus with the exception of law enforcement with proper credentials.

\_\_\_\_\_  
Fobholder's Signature

\_\_\_\_\_  
Date



MEMBER INFORMATION

Prefix	First Name	Middle Initial	Last Name
E-Mail			Date
		Phone	

Please answer the following questions to help us best support you in achieving your health and fitness goals. 1. WHAT IS YOUR PRIMARY GOAL?

1. WHAT IS YOUR PRIMARY GOAL?

- Increase physical activity & improve fitness level and/or performance
- Improve nutrition & weight loss and/or weight management
- Lifestyle enhancement (i.e. improve energy, manage stress, work/life balance, connect with others)
- Improve health & reduce risk factors

2. WHAT TYPE OF PROGRAMS DO YOU THINK YOU WOULD ENJOY OR WOULD HELP YOU MEET YOUR GOAL? (Select all that apply)

- One-on-one assistance
- Group programming
- Online support and guidance
- Activity & Nutrition trackers

3. WHICH STATEMENT BEST DESCRIBES YOU?

- I intend on taking steps toward achieving my fitness goal(s)
- I've taken some small steps toward achieving my fitness goal(s)
- I've been actively working on achieving my fitness goal(s) and changing my behavior
- I have achieved this goal(s) and have successfully maintained my behavior change

4. WHAT DAYS AND TIMES ARE YOU AVAILABLE TO COMMIT TO ACHIEVING YOUR GOALS?

Please select the days AND times each day.

- |                                  |                                  |                                    |                                   |                                  |                                   |                                  |
|----------------------------------|----------------------------------|------------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Monday  | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday  | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday  |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning  | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning  | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Noon    | <input type="checkbox"/> Noon    | <input type="checkbox"/> Noon      | <input type="checkbox"/> Noon     | <input type="checkbox"/> Noon    | <input type="checkbox"/> Noon     | <input type="checkbox"/> Noon    |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening  | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening  | <input type="checkbox"/> Evening |

5. WHAT WELLNESS PROGRAMS WOULD YOU LIKE MORE INFORMATION ON?

(Select all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Disease Prevention     | <input type="checkbox"/> Personal Goal Setting    | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> Improved Nutrition     | <input type="checkbox"/> Smoking Cessation Stress | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Nutrition Life Balance | <input type="checkbox"/> Reduction                | _____                                      |

6. WHEN WOULD YOU PREFER TO MEET WITH YOUR FITNESS TEAM MEMBER FOR YOUR FIRST BEWELL APPOINTMENT?

Day of the Week _____	Time of day: <input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening	Specific _____
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**PHYSICAL ACTIVITY READINESS QUESTIONNAIRE – FOR PEOPLE AGED 15 TO 69**

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions.

**PLEASE READ THE QUESTIONS CAREFULLY AND ANSWER EACH ONE HONESTLY**

(check YES or NO)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

**IF YOU ANSWERED YES TO ONE OR MORE QUESTIONS**

Talk with your doctor by phone or in person **BEFORE** you start becoming much more physically active or **BEFORE** you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered **YES**.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

**IF YOU ANSWERED NO TO ALL QUESTIONS**

If you answered **NO** honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming more physically active.

**Delay becoming much more active:**

- If you are not feeling well because of a temporary illness such as a cold or fever — wait until you feel better.
- If you are or may be pregnant — talk to your doctor before you start becoming more active.

**Please Note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.**

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

*Note: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative person.*

**“I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.”**

**Name** \_\_\_\_\_ **Witness** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Signature of Parent/Guardian is required for minors

*Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.*

**MEMBER INFORMATION**

Prefix	First Name	Middle Initial	Last Name
E-Mail			Date
		Phone	

Please answer the following questions to help us best support you in achieving your health and fitness goals.

**1. WHAT IS YOUR PRIMARY GOAL?**

- Increase physical activity & improve fitness level and/or performance
- Improve nutrition & weight loss and/or weight management
- Lifestyle enhancement (i.e. improve energy, manage stress, work/life balance, connect with others)
- Improve health & reduce risk factors

**2. WHAT TYPE OF PROGRAMS DO YOU THINK YOU WOULD ENJOY OR WOULD HELP YOU MEET YOUR GOAL?**

*(Select all that apply)*

- One-on-one assistance
- Group programming
- Online support and guidance
- Activity & nutrition trackers

**3. WHICH STATEMENT BEST DESCRIBES YOU?**

- I intend on taking steps toward achieving my fitness goal(s)
- I've taken some small steps toward achieving my fitness goal(s)
- I've been actively working on achieving my fitness goal(s) and changing my behavior
- I have achieved this goal(s) and have successfully maintained my behavior change

**4. WHAT DAYS AND TIMES ARE YOU AVAILABLE TO COMMIT TO ACHIEVING YOUR GOALS?**

*Please select the days AND times each day.*

- |                                  |                                  |                                    |                                   |                                  |                                   |                                  |
|----------------------------------|----------------------------------|------------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Monday  | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday  | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday  |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning   | <input type="checkbox"/> Morning  | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning  | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Noon    | <input type="checkbox"/> Noon    | <input type="checkbox"/> Noon      | <input type="checkbox"/> Noon     | <input type="checkbox"/> Noon    | <input type="checkbox"/> Noon     | <input type="checkbox"/> Noon    |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening   | <input type="checkbox"/> Evening  | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening  | <input type="checkbox"/> Evening |

**5. WHAT WELLNESS PROGRAMS WOULD YOU LIKE MORE INFORMATION ON?**

*(Select all that apply)*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Disease Prevention | <input type="checkbox"/> Personal Goal Setting    | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> Improved Nutrition | <input type="checkbox"/> Smoking Cessation Stress | <input type="checkbox"/> Other .....       |
| <input type="checkbox"/> Life Balance       | <input type="checkbox"/> Reduction                | .....                                      |

**6. WHEN WOULD YOU PREFER TO MEET WITH YOUR FITNESS TEAM MEMBER FOR YOUR FIRST BEWELL APPOINTMENT?**

Day of the Week	Time of day: <input type="checkbox"/> Morning <input type="checkbox"/> Noon <input type="checkbox"/> Evening	Specific
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Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions.

**PLEASE READ THE QUESTIONS CAREFULLY AND ANSWER EACH ONE HONESTLY**

(check YES or NO)

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?     |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of <u>any other reason</u> why you should not do physical activity?  |

**IF YOU ANSWERED YES TO ONE OR MORE QUESTIONS**

Talk with your doctor by phone or in person **BEFORE** you start becoming much more physically active or **BEFORE** you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

**IF YOU ANSWERED NO TO ALL QUESTIONS**

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming more physically active.

**Delay becoming much more active:**

- If you are not feeling well because of a temporary illness such as a cold or fever — wait until you feel better.
- If you are or may be pregnant — talk to your doctor before you start becoming more active.

**Please Note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.**

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

*Note: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative person.*

**“I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.”**

Name \_\_\_\_\_ Witness \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian is required for minors

*Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.*