

Sparta Park and Recreational Department Adult Fitness Registration Form

Name of Participant _____ Date of Birth _____
 Address of Participant _____ Male _____ Female _____
 City _____ State _____ Zip _____
 Phone: _____ E-Mail: _____
 _____ Resident Emergency Contact Name _____
 _____ Non-Resident Phone Number _____
 Relationship to Participant _____

I agree to have my photo taken for promotional purposes used by the Sparta Parks and Recreation Department. Yes _____ No _____

| Program | Day /Session | Fee | Late Fee |
|-------------|--------------|-----|----------|
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| | | | |
| Total Fee's | | | |

_____ Initials acknowledging I have read the below 7 statements

I have read the below listed statements and feel that I am physically capable of participating in a group fitness class with the Sparta Parks and Recreation Department. If I can answer yes to any of the below listed statements I assume the risk of participating in the program and, or will consult with a medical professional before starting a group fitness class with the Sparta Parks and Recreation Department. The City of Sparta Parks and Recreation Department and the class instructors assume no risk of your participation in the Group Fitness Programs.

| PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q) | |
|---|---|
| 1 | Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor? |
| 2 | Do you feel pain in your chest when you perform physical activity? |
| 3 | In the past month, have you had chest pain when you were not performing any physical activity? |
| 4 | Do you lose your balance because of dizziness or do you ever lose consciousness? |
| 5 | Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| 6 | Is your doctor currently prescribing any medication for your blood pressure or for a heart condition? |
| 7 | Do you know of any other reason why you should not engage in physical activity? |

Signature of Participant

Date