



FITNESS REGISTRATION FORM

Registration Forms can be DROPPED OFF, MAILED, FAXED 905-859-8018 or EMAILED fitness@king.ca:

DROPPED OFF or MAILED:

- Dr. William Lacey Nobleton Community Centre and Arena, 15 Old King Road, Nobleton or
- Trisan Centre, 25 Dillane Drive, Schomberg or
- Township of King Municipal Offices, 2075 King Road, King City

ADULT/PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____

Address: _____ P.O Box #: _____

City: _____ Postal Code: _____

Home Phone Number: () _____ Cell Number: () _____

Business Number: () _____ Email Address: _____

Emergency Contact: _____ Emergency Number: _____

Participant #1

Full Name: _____ Birth Date (DD/MM.YYYY): _____ Gender: M F

Unlimited Membership

Adult

Annual

6 Months

3 Months

1 Month

Senior

Annual

6 Months

3 Months

1 Month

Student

Annual

6 Months

3 Months

1 Month

Track Membership

Adult

Annual

6 Months

3 Months

Senior

Annual

6 Months

3 Months

Student

Annual

6 Months

3 Months

Gym Only Membership

Adult

Annual

Senior

Annual

Student

Annual

TERMS AND CONDITIONS

This waiver must be signed in order for this registration application to be processed:

I acknowledge that the personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001 c.M. 25. On behalf of myself and all participants listed above, I give permission to the Parks, Recreation and Culture Department or its representatives and volunteers to administer the Township's Parks, Recreation and Culture department programs, including but not limited to processing this registration form, collecting fees, assigning participants to various programs and recording any medical information (if required). On behalf of myself and all participants listed above, I give permission to the Township to arrange for emergency medical care including but not limited to hospitalization and/or transportation to a local doctor or hospital for medical treatment if necessary, and I consent on behalf of myself and the participants listed below, to the administration of such medical treatment, at my own expense. I release, discharge, indemnify and hold harmless the Township of King from and against all claims or proceedings in respect of any costs, losses, damage or injury, whether to property or personal injury resulting from or arising in connection with my participation, or the participation by those persons listed above, in any activity contemplated by this Registration. I hereby further agree that the Township, its staff, volunteers and other participants, shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses respecting any act done in good faith, including but not limited to personal injury, death, property damage or loss resulting from or in connection with participation in any activity contemplated by this Registration, whether or not such injury, damage or loss occurred as a result of any negligence, negligent misrepresentation or breach of statutory duty and/or breach of contract on the part of the Township its staff, volunteers and other participants. By registering in a program I agree to medical attention and accept inherent risks associated with the program. My signature also indicates consent for bus trips, off site trips and use of photographs taken by the media.

Signature: _____ Date: _____

PAYMENT INFORMATION

Payment information must be provided in order for this registration application to be processed. There is a charge of \$40.50 for all cheques returned NSF and may result in the denial of Township services.

I authorize the Township of King to charge my:   Cheque Debit

Credit Card Number: Expiry Date: /

Cardholder Name: _____

Cardholder Signature: _____

PAR-Q & YOU

(A 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 <u>and</u> 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.

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 much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- 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.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

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 purposes.

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

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

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.