PILATES TRAINING REGISTRATION PACKET

Thank you for choosing Apex Park and Recreation District for your Pilates training needs.
We take pride in providing the best service we can in helping you achieve your health and fitness goals. Please take a few minutes to complete the forms in this packet. Your answers provide our Pilates training team with valuable information about you and your needs and challenges. Please provide as much detail as possible. Be sure to sign the Release and Waiver. We will review your information and be in contact with you by phone or email within 72 business hours.

Please print

Name: _____ Today's Date: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Work Phone: _____

Email: _____

Emergency contact name and relationship:

_____

Home Phone: _____

Work Phone: _____

Please check your areas of focus. If you have several choices, please rank them by priority.

☐ Improve/prevent back pain ☐ Improve balance ☐ Improve posture

☐ Mind/body connection ☐ Improve body composition ☐ Improve performance/cross training

☐ Overall fitness ☐ Becoming more active

☐ Recover/prevent injury ☐ Other (specify) _____

Do you have a preferred trainer? Name: _____

Preferred days and times for training sessions: _____

Have you ever done Pilates reformer before? Or mat Pilates? Please specify: _____

RELEASE AND WAIVER

In consideration of being permitted to take part in the activity, or utilize the facility or service set forth herein, I expressly agree as follows: I hereby acknowledge that the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury, death, and property damage from any causes whatsoever arising while my child, or I are participating in such activity. I, or my child, are in good health and are physically able to participate in such activity. I agree to unconditionally waive and release Apex Park and Recreation and/or the City of Arvada, and their officers and employees, agents, servants, and all representatives and sponsors from injury that I or my child may sustain, or any damage that may be caused to me or my child's property in connection with said activities or use of such facilities or services, including injuries sustained or property damage caused by any use of equipment I may rent from Apex Park and Recreation District and/or the City of Arvada, their officers, employees, agents, servants or sponsors. Participants may be photographed while utilizing the facility, services, or participating in a Apex Park and Recreation District program and said photographs, or likeness of me, may be used to publicize activities as the district deems appropriate.

Print Name: _____

Signature: _____ Date: _____

APEX PRD PAR-Q+

THE PHYSICAL ACTIVITY READINESS QUESTIONNAIRE FOR EVERYONE

Participating in physical activity is very safe for most people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor or a qualified exercise professional before becoming more physically active.

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.			
1.	Has your doctor ever said that you have a heart condition OR high blood pressure?	YES ☐	NO ☐
2.	Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	YES ☐	NO ☐
3.	Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	YES ☐	NO ☐
4.	Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? Please list conditions here:	YES ☐	NO ☐
5.	Are you currently taking prescribed medications for a chronic medical condition? Please list conditions and medications here:	YES ☐	NO ☐
6.	Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. Please list conditions here:	YES ☐	NO ☐
7.	Has your doctor ever said that you should only do medically supervised physical activity?	YES ☐	NO ☐

GENERAL HEALTH QUESTIONS

If you answered NO to all of the questions above, you are cleared for physical activity.
Please sign the Participant Declaration. You do not need to complete pages 3 and 4.

- Start becoming much more physically active – start slowly and build up gradually.
- You may take part in a health and fitness assessment.
- If you have any further questions, contact a certified personal trainer.

PARTICIPANT DECLARATION

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.
I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for the length of my training sessions and becomes invalid if my condition changes. I also acknowledge that Apex Park and Recreation District may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

Name: _____ Date: _____

Signature: _____ Witness: _____

Signature of Parent/Guardian/Care Provider: _____

If you answered YES to one or more of the questions above, complete pages 3 and 4.

Delay becoming more active if:

- You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- You are pregnant-talk to your health care practitioner, your physician, or a qualified exercise professional.
- Your health changes-answer the questions on pages 3 and 4 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.

APEX PRD PAR-Q+

FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITIONS

1.	Do you have arthritis, osteoporosis, or back problems? If the above conditions is/are present, answer questions 1a-1c. If NO go to question 2.	YES ☐	NO ☐
1a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments.)	YES ☐	NO ☐
1b.	Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)?	YES ☐	NO ☐
1c.	Have you had steroid injections or taken steroid tablets regularly for more than 3 months?	YES ☐	NO ☐
2.	Do you currently have cancer of any kind? If the above conditions is/are present, answer questions 2a-2b. If NO go to question 3.	YES ☐	NO ☐
2a.	Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck?	YES ☐	NO ☐
2b.	Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)?	YES ☐	NO ☐
3.	Do you have a heart or cardiovascular condition? This includes coronary artery disease, heart failure, diagnosed abnormality of heart rhythm. If the above conditions is/are present, answer questions 3a-3d. If NO go to question 4.	YES ☐	NO ☐
3a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments.)	YES ☐	NO ☐
3b.	Do you have an irregular heart beat that requires medical management (e.g., atrial fibrillation, pre mature ventricular contraction)?	YES ☐	NO ☐
3c.	Do you have chronic heart failure?	YES ☐	NO ☐
3d.	Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months?	YES ☐	NO ☐
4.	Do you currently have high blood pressure? If the above conditions is/are present, answer questions 4a-4b. If NO go to question 5	YES ☐	NO ☐
4a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments.)	YES ☐	NO ☐
4b.	Do you have a resting blood pressure equal to or greater than 160/90 mm Hg with or without medication? (Answer YES if you do not know your resting blood pressure.)	YES ☐	NO ☐
5.	Do you have any metabolic conditions? This includes type 1 diabetes, type 2 diabetes, or pre-diabetes If the above conditions is/are present, answer questions 5a-5e. If NO go to question 6	YES ☐	NO ☐
5a.	Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician prescribed therapies?	YES ☐	NO ☐
5b.	Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness.	YES ☐	NO ☐
5c.	Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, OR the sensation in your toes and feet?	YES ☐	NO ☐
5d.	Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)?	YES ☐	NO ☐
5e.	Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future?	YES ☐	NO ☐

APEX PRD PAR-Q+

FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITIONS

6.	Do you have any mental health problems or learning difficulties? This includes Alzheimer's, dementia, depression, anxiety disorder, eating disorder, psychotic disorder, intellectual disability, Down syndrome If the above conditions is/are present, answer questions 6a-6b. If no go to question 7.	YES ☐	NO ☐
6a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments.)	YES ☐	NO ☐
6b.	Do you have Down Syndrome AND back problems affecting nerves or muscles?	YES ☐	NO ☐
7.	Do you have a respiratory disease? This includes chronic obstructive pulmonary disease, asthma, or pulmonary high blood pressure. If the above conditions is/are present, answer questions 7a-7d. If NO go to question 8.	YES ☐	NO ☐
7a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies?	YES ☐	NO ☐
	(Answer NO if you are not currently taking medications or other treatments.)	YES ☐	NO ☐
7b.	Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy?	YES ☐	NO ☐
7c.	If asthmatic, do you currently have symptoms of chest tightness, wheezing, labored breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week?	YES ☐	NO ☐
7d.	Has your doctor ever said you have high blood pressure in the blood vessels of your lungs?	YES ☐	NO ☐
8.	Do you have a spinal cord injury? This includes tetraplegia and paraplegia. If the above conditions is/are present, answer questions 8a-8c. If NO go to question 9.	YES ☐	NO ☐
8a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies?	YES ☐	NO ☐
8b.	Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting?	YES ☐	NO ☐
8c.	Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as autonomic dysreflexia)?	YES ☐	NO ☐
9.	Have you had a stroke? This includes transient ischemic attack (TIA) or cerebrovascular event If the above conditions is/are present, answer questions 9a-9c. If NO go to question 10	YES ☐	NO ☐
9a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer NO if you are not currently taking medications or other treatments.)	YES ☐	NO ☐
9b.	Do you have any impairment in walking or mobility?	YES ☐	NO ☐
9c.	Have you experienced a stroke or impairment in nerves or muscles in the past 6 months?	YES ☐	NO ☐
10.	Do you have any other medical condition not listed above or do you have two or more medical conditions? If you have other medical conditions, answer questions 10a-10c. If NO read the page 4 recommendations	YES ☐	NO ☐
10a.	Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months OR have you had a diagnosed concussion within the last 12 months?	YES ☐	NO ☐
10b.	Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)?	YES ☐	NO ☐
10c.	Do you currently live with two or more medical conditions?	YES ☐	NO ☐

Please list your medical conditions and any related medications here:

Go to page 5 for recommendations about your current medical conditions and sign the Participant Declaration.

APEX PRD PAR-Q+

If you answered NO to all of the follow-up questions (pages 3-4) about your medical condition, you are ready to become more physically active. Please sign the Participant Declaration below:

- It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
- You are encouraged to start slowly and build up gradually with any aerobic or muscle strengthening exercises.
- As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
- If you answered YES to one or more of the follow-up questions about your medical condition:
- You should seek further information before becoming more physically active or engaging in a fitness program.
- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- Apex Park and Recreation District does not assume liability for persons who undertake physical activity and/or make use of the Apex PRD PAR-Q+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ please read and sign the declaration below.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for the length of my training sessions and becomes invalid if my condition changes. I also acknowledge that Apex Park and Recreation District may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

Name: _____ Date: _____

Signature: _____ Witness: _____

Signature of Parent/Guardian/Care Provider: _____

For more information, please contact:
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