



# Group Training Request Form

Today's Date:  
MM/DD/YY  
/ /

## Participant #1 Information

Name (please print):	Email:	Birthdate:  / /
Street Address:	Day Phone: ( )	
City:                      State:                      Zip:	Evening Phone: ( )	
Emergency Contact Name/Relation:	Phone Number	

## Participant #2 Information

Name (please print):	Email:	Birthdate:  / /
Street Address:	Day Phone: ( )	
City:                      State:                      Zip:	Evening Phone: ( )	
Emergency Contact Name/Relation:	Phone Number	

## Participant #3 Information

Name (please print):	Email:	Birthdate:  / /
Street Address:	Day Phone: ( )	
City:                      State:                      Zip:	Evening Phone: ( )	
Emergency Contact Name/Relation:	Phone Number	

## Participant #4 Information

Name (please print):	Email:	Birthdate:  / /
Street Address:	Day Phone: ( )	
City:                      State:                      Zip:	Evening Phone: ( )	
Emergency Contact Name/Relation:	Phone Number	

## Availability - List times/day below

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## Goals - List goals below

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## Current Physical Activity Level

How many days per week does your group exercise?	<input type="checkbox"/> 0-1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4-5	<input type="checkbox"/> 6-7
How many minutes does your group spend exercising per workout?	<input type="checkbox"/> 1-15	<input type="checkbox"/> 15-30	<input type="checkbox"/> 30-45	<input type="checkbox"/> 60+
Is your group involved in a structured fitness program?				

Please see back page for additional information.



# Group Training Request Cont.

## Erie Parks & Recreation (Indoor and Outdoor Programs and Facilities) Adult Waiver

I do hereby give consent for myself to participate in the Erie Parks & Recreation activity as set forth on this registration form. I understand that the activity for which I am registering for may involve risk of accidental injury or death. I further understand that I am participating at my sole initiative, risk, and responsibility. Therefore, in consideration of permission extended to me by the Town of Erie, its officers, agents, and employees (herein after the "Town of Erie"), to allow me to participate in the recreation activity listed, I agree to hold harmless and to indemnify the Town of Erie from any and all claims, demands, actions, or causes of action on account of any injury or death to me which may occur during said activity, as a result of said activity or in connection with any activities incidental thereto.

I authorize the Town of Erie, to arrange emergency medical care should it become necessary to do so in the event of injury to me. I understand that I am solely responsible for payment of all costs resulting from rendering medical aid, ambulance service or any other incidental costs.

Participants may be photographed while utilizing the Erie Community Center, or participating in the Erie Parks & Recreation activities and said photographs, or likeness of me, may be used to publicize activities as the Town of Erie deems appropriate, and I fully release the Town of Erie and allow the use of such photographs and images.

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

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

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

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

**Cancellation Policy :** Clients must notify their trainer, Fitness Coordinator, or Guest Service at least 24 hours in advance to reschedule an appointment. Cancellations and changes made less than 24 hours prior to the appointment and any missed appointments will be charged in full.

Please return form by email, fax or drop by:  
Town of Erie Parks & Recreation | 450 Powers Street | PO Box 1110 | Erie, CO 80516  
phone 303.926.2550 | fax 303.828.0661 | [www.erieco.gov/ecc](http://www.erieco.gov/ecc)



# PAR-Q:

Physical Activity Readiness Questionnaire

For most people physical activity should not pose any problem or hazard. The **Physical Activity Readiness Questionnaire** has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said 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 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 ANY OTHER REASON why you should not do physical activity?

**If you answered YES to questions 1, 2, 3, 4 or 7...**

Talk with your doctor and have them fill out a **Report of Physical Examination** form (available at Guest Service) BEFORE you participate in a personal fitness training or fitness assessment. Tell your doctor about the PAR-Q and which questions you answered yes to.

**If you answered NO to all of the questions you can reasonably be sure that you can...**

- Start becoming more physically active, beginning slowly and building up gradually. This is the safest and easiest way to go.
- Take part in personal fitness trainer or fitness assessment appointment; this is an excellent way to determine your basic fitness so you can plan the best way for you to live actively.

You should delay becoming more physically active if you are not feeling well because of temporary illness such as a cold or fever OR if you are or may be pregnant. Please consult your physician before coming physically active.