



PISCES POLE STUDIO LTD

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Adult Physical Activity Readiness Questionnaire (PAR-Q)

Purpose:

This form identifies any health risks that may affect safe participation in pole, aerial or fitness activities.

Participant Details

- Full Name: _____
- Address: _____
- Date of Birth: _____
- Phone Number: _____
- Email Address: _____
- Emergency Contact Name: _____
- Emergency Contact Phone: _____

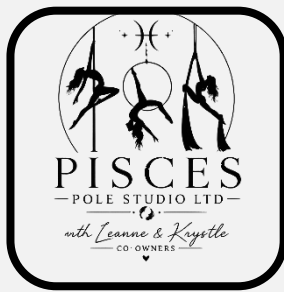
Health Screening Questions

Tick **YES** or **NO** for each item.

1. Has your doctor ever said you have a heart condition or recommended only medically supervised physical activity?

YES ☐ NO ☐

2. Do you feel pain in your chest during physical activity?



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YES ☐ NO ☐

3. Do you experience chest pain at rest or at times not related to physical activity?

YES ☐ NO ☐

4. Do you lose balance because of dizziness, or do you ever lose consciousness?

YES ☐ NO ☐

5. Do you have a bone, joint, or spinal problem that could be worsened by physical activity (including pole or aerial work)?

YES ☐ NO ☐

6. Has a doctor ever recommended medication for blood pressure or a heart condition?

YES ☐ NO ☐

7. Are you currently taking any prescribed or over-the-counter medication?

YES ☐ NO ☐ If YES, please list: _____

8. Do you have diabetes, asthma, epilepsy, or any other long-term medical condition?

YES ☐ NO ☐ If YES, please specify: _____

9. Do you have any injuries (current or recent) that may affect participation?

YES ☐ NO ☐ If YES, please specify: _____



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10. Are you pregnant or have you given birth in the last 6 months?

YES ☐ NO ☐

11. Is there any other reason you should not take part in physical activity?

YES ☐ NO ☐ If YES, please specify: _____

Additional Information

Please provide any relevant details that may help us support your safe participation: _____

Declaration

I confirm that the information provided is accurate to the best of my knowledge. I understand that it is my responsibility to inform Pisces Pole Studio Ltd of any changes to my health. I agree to participate in activities at the studio and acknowledge that I do so at my own risk.

Participant Signature: _____ Date: _____

Instructor Signature: _____ Date: _____