

Physical Activity Readiness Questionnaire

Please mark YES or NO to the following:

YES NO

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?

Do you ever have pains in your chest when you perform physical activity?

Do you lose your balance due to dizziness or do you ever lose consciousness?

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program? (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anemia, epilepsy, respiratory ailments, back problems, etc.)

If yes, please explain:

Have you had a recent surgery?

If yes, please explain:

Do you have any injuries or orthopedic problems such as bursitis, bad knees, back shoulder, wrist or neck issues?

If yes, please explain:

If you have any of the above health issues, please bring in a medical release from your physician indicating you are authorized to participate in the Maverick Dance Party or other exercise program.

Signature

Date

Printed Name

Guardian Signature (if under 18)

Guardian Printed Signature

**EMERGENCY CONTACT NAME, NUMBER,
AND E-MAIL ADDRESS**

RELATIONSHIP