

Physical Activity Readiness Questionnaire (PAR-Q)

Please read the questions carefully and answer each one honestly:

	Yes / No
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	
2. Do you feel pain in your chest when you do physical activity?	
3. In the past month, have you had chest pain when you were not doing physical activity?	
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	
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?	
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	
7. Do you know of any other reason why you should not do physical activity?	

If you answered YES to one or more questions:

Consult 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 question you answered YES.

- You may be able to do an activity you want – as long as you start slow and build up gradually. Or you may need to restrict your activities to those which are safe for you. Consults your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programmes are safe and helpful for you.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure to:

- Start becoming much more physically active. Starting slowly and building up gradually is the safest and easiest way to go.
- Take part in a fitness appraisal. This is excellent for determining your basic fitness so as to plan the best way to live actively. Evaluating your blood pressure is also strongly recommended. For readings above 144/94, consult your doctor before you become 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 – consult your doctor before you start becoming more active.

A. PARTICIPANT PARTICULARS

Name: _____ Gender: Male / Female*

(As appear in NRIC)

NRIC/FIN/PASSPORT No.*: _____ Date of Birth: _____
(*Please delete accordingly) (dd/mm/yyyy)

Mobile No.: _____ Home Telephone: _____

Block/House No.: _____ Floor No.: _____ Unit No.: _____

Street/Building Name: _____ Postal Code: _____

Medical Conditions/Allergies: _____

B. INDEMNITY AND CONSENT

I, _____ (Full Name of Parent/Guardian),

_____ (NRIC/Passport No.), with the full knowledge of the risks involved with cycling hereby give consent for my child/ward to participate in the Programme.

I confirm to the best of my knowledge that my child/ward does not suffer from any medical condition other than those listed above and I declare that my child/ward is physically fit to take part in the Programme and have not been otherwise advised by a qualified practitioner.

I consent to my child/ward receiving medical treatment which may be advisable in the event of illness or injuries suffered during the Programme.

I understand that neither the Singapore Cycling Federation, its servants and/or agents shall have any responsibility, financial or otherwise, for any risk incident that might arise, whether or not by negligence, from any direct or indirect loss, injury or death that might be sustained by my child/ward or any other party directly or indirectly associated with my child/ward.

By participating in this Programme, I understand that Singapore Cycling Federation has the right to use any image, audio visual recordings, name and other personal information for marketing purposes.

Parent/Guardian Signature Contact Number Date

Emergency Contact No. (if different from above): _____

Relationship to Child: _____

Please pay by crossed cheque drawn in favour of "Singapore Cycling Federation", or pay by fund transfer with payment details to :

OCBC Bank Singapore
OCBC North Branch
Account No.: 629-600974-001

Course Fee : S\$80.00

Payment received by : _____

Receipt No: _____