PANTHER SPORT PERFORMANCE

EMERGENCY CONTACT INFORMATION

Name: _____ Date: _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

PHYSICIAN INFORMATION

Name: _____

Phone: _____

Organization: _____

PLEASE WRITE DOWN AND EXPLAIN ANY OF THE FOLLOWING THAT WE SHOULD BE AWARE OF IN CASE OF AN EMERGENCY:

Conditions (i.e. hypertension, diabetes, pregnant, etc.):

_____

Medications:

_____

Allergies:

_____

PANTHER SPORT PERFORMANCE

RELEASE OF LIABILITY

I hereby accept all risks associated with my participation in the PANTHER SPORTS PERFORMANCE & FITNESS PERSONAL TRAINING PROGRAM (PSPT) release and forever discharge the PSPT, its employees - including its personal trainers ("TRAINER"), owners and any other officers, agents or volunteers of PANTHER SPORTS PERFORMANCE ("RELEASEES") from any and all responsibilities or liability from injuries or damages resulting from or connected with my participation in any of the exercise programs whether arising from the negligence of the RELEASEES or otherwise.

1. I acknowledge and fully understand that I will be engaging in training activities that potentially involve the risk of serious injury, permanent disability or death. Other possible risks may include social and economic losses, which might result not only from the RELEASEES own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the condition of the premises or any equipment. Further, that there may be other risks not known or not reasonably foreseeable at this time. I hereby assume full responsibility for all the foregoing risks, known and unknown, and accept responsibility for the damages following any injury, permanent disability, or death.
2. I further acknowledge and understand that the PSPT its personal trainers and other employees are not licensed dieticians or physicians and that any information or guidelines provided by the PSPT, its personal trainers or other employees carries no warranty of any kind, expressed or implied, including, but not limited to, warranties regarding safety or suitability for a particular purpose
3. The PSPT and its employees will implement the most effective principals to help the participant achieve his or her goals within the TRAINER'S scope of practice, but cannot guarantee that its products or workouts will be safe, effective or suitable for everyone. For that reason, all such products and services, programs, techniques and materials embodied in such products and services, are offered without warranties or guarantees of any kind, expressed or implied, and the TRAINER, PSPT and its employees disclaim any liability, loss or damages that may result from their use.
4. I also acknowledge that some exercise programs might be held outside of the PSPT, and hereby accept all risk associated with all offsite exercise programs.
5. I have read this document in its entirety and agree to adhere to all its precepts, as well as all other terms and conditions of the PSPT's Personal Training Program. I understand the risks and benefits of the program and any questions that I may have had have been answered to my satisfaction. Upon participation, I do hereby discharge, release and hold harmless the TRAINER, PSPT and its employees, Panther Physical Therapy, its Trustees, officers, agents and employees from any and all liability for damage claims or losses of any kind or character whatsoever resulting from any injury or condition I may suffer, or resulting from my participation.

PARTICIPANT NAME PRINTED _____

PARTICIPANT'S SIGNATURE OR PARENT/LEGAL GUARDIAN: _____
(If participant is under the age of 18)

PARENT/LEGAL GUARDIAN NAME PRINTED _____**DATE** _____

PHOTO & TESTIMONIAL RELEASE FORM

I hereby grant permission to Panther Physical Therapy and Sports Performance to use my photograph and any testimonial I give for any marketing, advertising or, teaching materials used to market or advertise, including use on Panther Physical Therapy and Sports Performance's website. I acknowledge Panther Physical Therapy and Sports Performance's right to crop or otherwise treat the photograph at their discretion. I also acknowledge that Panther Physical Therapy and Sports Performance may choose not to use my photograph and testimonial at this time, but may do so at their own discretion at a later date. I further understand that if the photographs, slides, and / or videos are used in any publication or as a part of a demonstration, no other identifying information will be used unless stated differently. I do not expect compensation, financial or otherwise, for the use of these photographs.

PARTICIPANT'S SIGNATURE OR PARENT/LEGAL GUARDIAN: _____
(If participant is under the age of 18)

DATE _____

PANTHER SPORT PERFORMANCE

MEDICAL HISTORY QUESTIONAIRE

NAME: _____ TODAY'S DATE: _____

AGE: _____ SEX: M / F DATE OF BIRTH: _____

ADDRESS: _____

Street City State Zip

TELEPHONE: HOME/ CELL _____/ _____ E-MAIL ADDRESS: _____

OCCUPATION/ EMPLOYER: _____/ _____ BUSINESS PHONE: _____

MARITAL STATUS: (circle) SINGLE MARRIED DIVORCED WIDOWED SPOUSE'S NAME: _____

EDUCATION: (circle) ELEMENTARY HIGH SCHOOL COLLEGE GRADUATE

PERSONAL PHYSICIAN: _____ PHONE # _____

ADDRESS:_____

Reason for last doctor visit? _____ Date of last physical exam: _____

Have you previously undergone physical fitness testing? YES NO YEAR _____

Have you ever had any other exercise stress test? YES NO DATE & LOCATION OF TEST: _____

_____

Have you ever had any other cardiovascular tests? YES NO DATE & LOCATION: _____

_____

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MEDICAL HISTORY QUESTIONAIRE

Please provide responses (YES or NO) to the following concerning family history, your own history, and any symptoms you have had:

FAMILY HISTORY

Have any immediate family members had:

	YES	NO
High blood pressure	☐	☐
High cholesterol	☐	☐
Diabetes	☐	☐
Heart disease	☐	☐
Heart operations	☐	☐
Congenital. heart defect	☐	☐
Stroke	☐	☐
Early death	☐	☐

Other family illness:

_____

_____

PERSONAL HISTORY

Have you ever had:	YES	NO
High blood pressure	☐	☐
High cholesterol	☐	☐
Diabetes	☐	☐
Any heart problems	☐	☐
Disease of arteries	☐	☐
Varicose veins	☐	☐
Lung disease	☐	☐
Asthma	☐	☐
Kidney disease	☐	☐
Hepatitis	☐	☐
Arthritis	☐	☐

SYMPTOMS

Have you ever had:	YES	NO
Chest pain	☐	☐
Shortness of breath	☐	☐
Heart palpitations	☐	☐
Skipped heart beats	☐	☐
Cough on exertion	☐	☐
Coughing of blood	☐	☐
Dizzy spells	☐	☐
Frequent headaches	☐	☐
Frequent colds	☐	☐
Back pain	☐	☐
Orthopedic problems	☐	☐

HOSPITALIZATIONS: Please list recent hospitalizations (Women: do not list normal pregnancies)

Year Location Reason

_____

_____

_____

Any other medical problems/concerns not already identified? Yes No If so, please list: _____

_____

Have you ever had your cholesterol measured? Yes No If yes, value _____ Where: _____

Are you taking any Prescription (include birth control pills) or Non-Prescription medications? Yes No

PANTHER PHYSICAL THERAPY & SPORTS PERFORMANCE

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MEDICAL HISTORY QUESTIONAIRE

For each of your current medications, provide the following information:

MEDICATION	Dosage- times/ day	Time taken	Years on medication	Reason for Taking

LIFESTYLE HABITS

Do you currently smoke? Yes No If so, what? Cigarettes Cigars Pipe How long have you smoked? _____ years

How much per day: < ½ pack ½ to 1 pack 1 to 1 ½ packs 1 ½ to 2 packs >2 packs

Have you ever quit smoking? Yes No When? _____ How many years and how much did you smoke? _____

Do you drink any alcoholic beverages? Yes No If yes, how much in 1 week? (indicate below)

Beer ____ (cans) Wine ____ (glasses) Hard liquor ____ (drinks)

Do you drink any caffeinated beverages? Yes No If yes, how much in 1 week? (indicate below)

Coffee ____ (cups) Tea ____ (glasses) Soft drinks ____ (cans)

Are you currently following a weight reduction diet plan? Yes No

If so, how long have you been dieting? _____ months Is the plan prescribed by your doctor? Yes No

Have you used weight reduction diets in the past? Yes No If yes, how often and what type? _____

Have you ever lost 10% of your weight through dieting/ exercise then gained it back? Yes No

How do you feel about your current weight? (Circle One) Would like to lose Would Like to Gain Satisfied with weight

PANTHER PHYSICAL THERAPY & SPORTS PERFORMANCE

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MEDICAL HISTORY QUESTIONAIRE

ACTIVITY LEVEL EVALUATION

What is your occupational activity level? Sedentary Light Moderate Heavy

Do you currently engage in vigorous physical activity on a regular basis? Yes No

If so, what type(s)? _____ How many days per week? _____

How much time per day? <15 min 15-30 min 30-45 min >60 min

Do you engage in any recreational or leisure-time physical activities on a regular basis? Yes No

If so, what activities? _____

On average: How often? _____ times/week; for how long? _____ time/session

Do you ever have an uncomfortable shortness of breath during exercise or when doing activities? Yes No

Do you ever have chest discomfort during exercise? Yes No If so, does it go away with rest? Yes No

Your fitness goals and objectives are: _____

_____

RECENT/PAST INJURIES? _____

_____

ANYTHING ELSE YOU WOULD LIKE US TO KNOW?_____

_____

PANTHER PHYSICAL THERAPY & SPORTS PERFORMANCE

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PHYSICAL ACTIVITY READINESS QUESTIONAIRE (PAR-Q)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor Common sense is your best guide when you answer these questions. 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 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?
8.			History of heart problems, chest pain or stroke
9.			Increased blood pressure
10.			Any chronic illness or condition
11.			Difficulty with physical exercise
12.			Advice from physician not to exercise
13.			Recent surgery (last 12 months)
14.			Pregnancy (now or within last 3 months)
15.			History of breathing or lung problems
16.			Muscle, joint or back disorder, or any previous injury still affecting you
17.			Diabetes or thyroid condition
18.			Cigarette smoking habit
19.			Obesity (more than 20% over ideal body weight)
20.			Increased blood cholesterol
21.			History of heart problems in immediate family
22.			Hernia, or any condition that may be aggravated by lifting weights

PANTHER PHYSICAL THERAPY & SPORTS PERFORMANCE

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PHYSICAL ACTIVITY READINESS QUESTIONAIRE (PAR-Q)

Talk to 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 questions you answered **YES**.

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

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 – talk to your doctor before you start becoming more active.

If you answered **NO** honestly to all PAR-Q questions, you can be reasonably sure that you can: Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go. Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

PLEASE NOTE: If your health changes so that you then answer **YES** to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Participant's Name Printed: _____

Parent/Legal Guardian Printed Name: _____

Participant's Signature or Parent/Legal Guardian: _____
(If participant is under the age of 18)

Witness: _____

Date: _____