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PAR-Q (Physical Activity Readiness Questionnaire)

Please complete this form as accurately and completely as possible

Health questionnaire

Tick the box if any of the below apply to you.

- Feeling faint or having dizzy spells
- High or low blood pressure
- Glaucoma
- Any sustained injuries or illnesses
- Any muscle, joint or back disorders which may be aggravated by exercise, including hypermobility, Ehlers Danlos syndrome or scoliosis
- Diabetes or any other metabolic disease
- Asthma or exercise-induced asthma
- Allergies that may require the use of an EpiPen
- Epilepsy
- Currently taking any prescribed medication

Do you know of any other reason why you should be careful when participating in physical activity? Please state:

.....
.....

I have read, understood, and completed the questionnaire and answered honestly the questions above. I also state that I wish to participate in activities that may include aerobic exercise, resistance exercise and stretching. I realise that participation in these

activities involves the risk of injury although St Albans Trapeze & Aerial Arts takes all measures possible to mitigate any potential risks.

By enrolling for a class with St Albans Trapeze & Aerial Arts I accept the measures they have put in place to help minimise the risk of COVID-19 but accept the risk of catching COVID-19 in such an environment may not be completely eliminated. I confirm that I have read and understood the COVID-19 Health and Safety Protocol for Participants document, which can be found [here](#).

Name: _____

Signature: _____

Date: _____

Contact Number: _____

Please tick the box if you do **not** want us to use photographs and videos featuring you in our marketing materials.