

Dance Moves Registration

Location: _____ Fall / Winter / Spring / Summer Year: _____ Session: _____
Name: _____ Phone: _____
Address: _____ Postal Code _____ Age: _____
Email: _____ New Participant? Yes / No
YES / NO I authorize Dance Moves to keep my email on file until I notify otherwise.
Days/Times: _____ Par-Q up to date? Yes / No See Over ->
Regist. Fee Paid: _____ Method of Payment: Visa / MC / Cash / Cheq.# _____
CC# _____ Exp. Date: _____
Name on Card: _____ Using credit card on file? Yes / No

I accept full responsibility for my participation in the Dance Moves Program, and release and discharge the said DANCE MOVES program and all its' agents and employees from any claims or demands which I now have or at any time in the future may have resulting from any illness, injury, or occurrence as a result of participation in this program. No cameras/recording devices allowed.

Date _____ Signature of Applicant _____ Parent or Guardian Signature _____ Referred By? _____

After classes begin no refunds will be given. A credit voucher will be considered when request is accompanied by a Doctor's note.
Fax to: (780) 434-6737 Email to: info@dancemoves.ca GST88025 1921 RT0001

Par-Q Health Questionnaire

Par-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

- 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?
- Yes No 2. Do you feel pain in your chest when you do physical activity?
- Yes No 3. In the past month, have you had chest pain when you were not doing physical activity?
- Yes No 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- Yes No 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?
- Yes No 6. Is your Dr. currently prescribing drugs (for ex. water pills) for your blood pressure or heart condition?
- Yes No 7. Do you have issues with blood sugars or diabetes? Is it under control?
- Yes No 8. Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions.

Please consult with your physician by phone or in person BEFORE increasing your physical activity. Get advice on the questions you have answered yes to above. If you are over 69 years of age, and are not used to being very active, check with your doctor.

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

Name _____ Class _____ Session # _____

Date _____ Signature _____ Guardian _____

*Note: This physical activity clearance becomes invalid if your condition changes within 12 months