



ADULT Physical Activity Readiness Questionnaire

_____ Boxing Club

Name _____ D.O.B. _____

Address _____

Town/City _____ Post Code _____

Email _____

Tel: _____ Mobile _____

Person to contact in case of emergency _____

Name _____ Tel: _____

Mobile _____ Relationship _____

Do you now, or have you had in the past (please circle as appropriate)

History of heart problems, chest pains or stroke within your family	Yes	No
Increased or low blood pressure	Yes	No
Advice from Doctor stating not to exercise	Yes	No
Surgery within the last 12 months	Yes	No
Pregnancy now or within the last 3 months	Yes	No
History of breathing or lung problems	Yes	No
Muscle, joint or back disorder or any previous injury affecting your ability	Yes	No
Diabetes or thyroid condition	Yes	No
Hernia or condition that may be aggravated by lifting weights	Yes	No
Any recent injuries	Yes	No

Any other condition not previously mentioned (please state) _____

Formal declaration

I declare to the best of my knowledge I know of no reason why I should not participate in a personalised programme, exercise class or sparring session. I take part in any recommended programme, exercise class or sparring session entirely at my own risk and waive any legal recourse for damages or property arising from my participation.

Signature: _____

Name: _____

Date: _____