



Registration - Adults & Seniors

Additional forms are required for the following programs...

Active fitness programs:

- Physical Activity Readiness Questionnaire (PAR-Q)

Therapeutic pool program and seniors' active programs:

- Doctor's Consent Form / PARmed-X

Pre-natal fitness programs:

- PARmed-X Pregnancy Medical Form

Town of Milton, Community Services Dept.
Fax 905-864-3222

Part A: Participant Information Please print clearly

Last name	First name	Birthdate M/ D/ Y/	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address	Apt/Unit	City/Town	Postal code
Home phone ()	Email	Are you a member of the Milton Seniors' Activity Centre? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business phone ()	Cell phone ()	Additional forms completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency contact name and relationship	Emergency contact phone ()	Please list medical concerns or special needs we need to know about: _____ _____	
Permission to be photographed by media or Town of Milton for newspaper, newsletters, website and Community Services Guide: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Part B: Program Information

**Non-residents: add 10% per program to a maximum of \$12 extra per program per person*

Program Name	Day	Time	Fee*	Course #

Part B: Method of Payment

Cash
 Cheque # _____ (Payable to the Town of Milton. No post-dated cheques)
 Visa
 MasterCard
 Debit
 Money on account

Card holder name _____

Card holder signature _____

Expiry Date ___ / ___ Amount to be charged \$ _____

Card # _____ - _____ - _____ - _____

I hereby release the Corporation of the Town of Milton from all claims for damages arising from any accident or injury which is caused by or arises from participation of the applicant hereon during any program or in any location where a program is being held.

X _____
Signature of participant

Personal information on this form is collected under the authority of the Municipal Act, R.S.O. 1980, chapter 302 (as amended) and will be used to assess registration for the Town of Milton, Community Services Department programs. Questions about this collection should be directed to the Director of Community Services, Town of Milton, 150 Mary Street, Milton, Ontario L9T 6Z5 Tel. 905-878-7252.



Town of Milton PAR-Q

Physical Activity Readiness Questionnaire

Regular physical activity is fun and healthy and being more active is very safe for most people. If you are signing up for a registered fitness program, fitness membership, assessment or personal training session, the Par-Q will tell you if you should check with your doctor before you start becoming more physically active:

1. Please read the questions carefully and answer each one honestly by checking "yes" or "no."
 2. Tell your doctor about the PAR-Q and discuss the questions you answered with a "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 which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice to ensure the fitness programs you choose are safe and helpful for you.

It is recommended that you consult your doctor before beginning or changing your exercise program.

YES	NO	
___	___	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
___	___	Do you feel pain in your chest when you do physical activity?
___	___	In the past month, have you had chest pain when you were not doing physical activity?
___	___	Do you lose your balance because of dizziness or do you ever lose consciousness?
___	___	Do you have a bone or joint problem that could be made worse by a change in your physical activity?
___	___	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
___	___	Do you know of any other reason why you should not do physical activity?
___	___	Are you pregnant? If yes, please complete the PARmed X for Pregnancy form with your doctor.

Is your doctor aware that you are participating in or beginning an exercise program?

<input checked="" type="checkbox"/>	<i>Initial</i>	<i>Please check and initial the statement that applies to you.</i>	
<input type="checkbox"/>		YES, my doctor is aware of my exercise program.	
<input type="checkbox"/>		NO, my doctor is not aware and I will speak with him/her before starting an exercise program.	<i>Information regarding the risks associated with participating in a physical activity has been made available. CSR initial _____</i>
<input type="checkbox"/>		NO, I am aware that I should consult my doctor before beginning any exercise program but have chosen not to do so.	

- Delay becoming much more active if:**
- You are not feeling very well because of a temporary illness such as a cold or fever – wait until you feel better.
 - If you are or may be pregnant – talk to your doctor before you start becoming more active.

Please note: If your health changes, consult your doctor to see if you should change your physical activity plan.

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

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

SIGNATURE: _____ DATE: _____ WITNESS: _____

(PARENT or GUARDIAN must sign for participants under the age of 18)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the first 7 questions.