Warrior Arts Inc. and
Fitness Kickboxing Canada Inc.

Physical Activity Readiness Questionnaire

(Name: Please Print**)** **(Age)**

Please read carefully and check (X) the YES or NO opposite the question if it applies to you:

	YES	NO
1. Has your doctor ever said that you have a heart condition?	☐	☐
2. Do you have chest pain brought on by physical activity?	☐	☐
3. Have you developed chest pain at rest in the past month?	☐	☐
4. Do you lose consciousness or lose your balance as a result of dizziness?	☐	☐
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?	☐	☐
6. Is your doctor currently prescribing medication for your blood pressure or heart condition? (eg: diuretics or water pills)	☐	☐
7. Are you aware, through your own experience or a doctor's advice of any other reason against your exercising without medical approval?	☐	☐

NOTE:
If you answered YES to any of the above questions. You may face a higher degree of risk to your health in participating in this course. YOU ARE STRONGLY RECOMMENDED TO CONSULT WITH YOUR DOCTOR.

Warrior Arts Inc. and Fitness Kickboxing Canada Inc. reserves the right to require you to provide medical consent prior to activity.

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

Participant Signature Date

Parent Signature (If participant is under 18 years of age) Date

Trainer Signature Date