

# First Presbyterian Church

510 South Tibbs Road  
Dalton, Georgia 30720  
706-278-8161  
www.firstpresdalton.org



MembershipCard # \_\_\_\_\_

**A SEPARATE FORM MUST BE FILLED OUT FOR EACH INDIVIDUAL USING THE FACILITY**  
**(12 years old or above).**

Please check and complete next section fully.

A) First Presbyterian Church membership;  
 Church member since (year) \_\_\_\_\_.

B) Member of another church.  
 Name of home church \_\_\_\_\_.

1] Full (First, middle, last) name: \_\_\_\_\_

2] Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3] Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

4] Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

5] In case of emergency: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

6] Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

7] Medical problems/concerns: \_\_\_\_\_

8] Please list all other family members who are joining with you (12 years old or above—must have paperwork):

<u>Full Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
1] _____	_____	_____
2] _____	_____	_____
3] _____	_____	_____
4] _____	_____	_____

# # 4

## Waiver Statement:

I, the undersigned registrant, or parent/guardian of registrant for use of the Recreation Facility of First Presbyterian Church, Dalton, GA, do hereby release and discharge First Presbyterian Church and its authorized representatives, volunteers and staff from all liability of any kind and character upon any claim, demand or course of action which might be asserted on behalf of myself, any children under 9th grade or any guest against the church, representatives, volunteers or staff. Furthermore, in case of an accident or medical emergency, if the staff or representatives are unable to contact the parent(s)/guardian(s), I hereby grant permission to the staff or representatives to administer necessary first aid, and/or to arrange transportation to the nearest medical facility or treatment.

I understand that before beginning any exercise program, I should consult with a physician. In addition, if I am on a medically supervised exercise program, I will clear my use of the First Presbyterian Church Recreation Facility with my supervisor. I agree to obey all the policies and procedures of the First Presbyterian Church Recreation Facility; to keep the facility clean and to promote a Christian atmosphere.

\_\_\_\_\_  
Signature of registrant

\_\_\_\_\_  
Date of registration

\_\_\_\_\_  
Signature of parent/guardian (if registrant is 18 years old or younger)

How did you hear about Recreation Place (Please Check):

I'm a member at FPC: \_\_\_\_\_ Newspaper: \_\_\_\_\_ Word of mouth: \_\_\_\_\_ I was invited: \_\_\_\_\_

Poster/Sign: \_\_\_\_\_ First Kids Basketball: \_\_\_\_\_

Other (please list): \_\_\_\_\_

### This Section for Desk Attendant to complete.

1] Has the annual Community Family or Individual fee been collected?

No \_\_\_\_\_ STOP HERE! Application cannot be processed without fee collected.

Yes \_\_\_\_\_

\_\_\_\_\_  
Signature of desk attendant

3] Annual Affiliate Renewal for [ ] 2009 [ ] 2010

4] Type of Membership

[ ] 6 month family \$50.00 [ ] 6 month individual \$25.00

[ ] 12 month family \$100.00 [ ] 12 month individual \$50.00

4] Received PARQ for all applicable applications.

5] Completed form, PARQ, and payment turned into Assistant or Director.

# PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If  
you  
answered

## YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered 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.
- Find out which community programs are safe and helpful for you.

## NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

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

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_  
or GUARDIAN (for participants under the age of majority)

WITNESS \_\_\_\_\_

**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 seven questions.**

