



# Participant Registration Form

Date: \_\_\_\_\_

## Participant Information

I am a returning participant and my participant information is unchanged

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Would you like to receive email correspondence?  Yes  No

Year of birth: \_\_\_\_\_ Parent/Guardian/

Parent/Guardian/Trustee: \_\_\_\_\_ Trustee phone number: \_\_\_\_\_

## Program Registration

**Program name**

**Preferred time/day**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact

### Main emergency contact

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

Phone number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Alternate emergency contact

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

Phone number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_



**Additional Information**

Please indicate the nature of participant impairment/diagnosis below.

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Method of communication:  Verbal  Non-verbal  Other: \_\_\_\_\_

What is the primary mobility aid that will be used in programming sessions?

None  Power wheelchair  Manual wheelchair  Scooter  
 Cane(s)  Walker  Other: \_\_\_\_\_

Will participant be accompanied by an aid/attendant?  Yes  No

Transportation:  Accessible transit  Public transit  Drive  Driven  Other: \_\_\_\_\_

Please tell us ways we can best support your full and meaningful participation in our programs.

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Please state any injuries and medical conditions (allergies, seizures, etc.) that might require emergency attention.

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**Protection of Privacy** - The personal information requested on this form is collected and protected under the authority of the Alberta Freedom of Information and Protection of Privacy Act, for the purpose of administering the program waiver process. Questions concerning the collection, use, and disposal of this information should be directed to: The Steadward Centre for Personal & Physical Achievement, 780-492-3182.

Payment can be made by credit card, debit card, cash, or cheque. Please ensure cheques are payable to *University of Alberta*. For any questions, please contact 780-492-3182.

**Return completed forms to:**

The Steadward Centre for Personal & Physical Achievement 1-670  
Van Vliet Complex  
University of Alberta  
Edmonton, AB T6G 2H9  
Fax: 780-492-7161

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see [csep.ca/certifications](http://csep.ca/certifications)) or health care provider is advisable. This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.

- I am completing this questionnaire for myself.
- I am completing this questionnaire for my child/dependent as parent/guardian.

## PREPARE TO BECOME MORE ACTIVE

The following questions will help to ensure that you have a safe physical activity experience. Please answer **YES** or **NO** to each question before you become more physically active. If you are unsure about any question, answer **YES**.

1 Have you experienced ANY of the following (A to F) **within the past six months?**

A A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?

B A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?

C Dizziness or lightheadedness during physical activity?

D Shortness of breath at rest?

E Loss of consciousness/fainting for any reason?

F Concussion?

2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?

3 Has a health care provider told you that you should avoid or modify certain types of physical activity?

4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

.. ➤ **NO** to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY . . . . ➤

**YES** to any question: go to Reference Document – ADVICE ON WHAT TO DO IF YOU HAVE A YES RESPONSE . ➤➤

## ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are now.

- 1 During a typical week, on how many days do you do moderate- to vigorous-intensity aerobic physical activity (such as brisk walking, cycling or jogging)?  DAYS/WEEK
  - 2 On days that you do at least moderate-intensity aerobic physical activity (e.g., brisk walking), for how many minutes do you do this activity?  MINUTES/DAY
- For adults, please multiply your average number of days/week by the average number of minutes/day:  MINUTES/WEEK

*Canadian Physical Activity Guidelines* recommend that adults accumulate at least 150 minutes of moderate- to vigorous-intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended (see [csep.ca/guidelines](http://csep.ca/guidelines)).



## GENERAL ADVICE FOR BECOMING MORE ACTIVE

Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do **vigorous-intensity physical activity** (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.



Delay becoming more active if you are not feeling well because of a temporary illness.

## DECLARATION

*To the best of my knowledge, all of the information I have supplied on this questionnaire is correct.  
If my health changes, I will complete this questionnaire again.*

I answered **NO** to all questions



Sign and date the Declaration below



I answered **YES** to any question on Page 1

Check the box below that applies to you:

- I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.
- I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.




Name (+ Name of Parent/Guardian if applicable) [Please print]

Signature (or Signature of Parent/Guardian if applicable)

Date of Birth

Date

Email (optional)

Telephone (optional)

**With planning and support you can enjoy the benefits of becoming more physically active. A QEP can help.**

- Check this box if you would like to consult a QEP about becoming more physically active.  
(This completed questionnaire will help the QEP get to know you and understand your needs.)

## Program Waiver, Release of Liability and Informed Consent

### Participant:

I authorize The Steadward Centre for Personal & Physical Achievement, an academic centre that is part of The Governors of the University of Alberta, to administer and conduct tests and/or provide physical activity programs to increase my physical work capacity. I understand that my level of physical fitness will be assessed and that, based on the results, an individualized physical activity program may be prescribed. I further understand that I will be requested to perform exercises to evaluate and/or improve one or more of the following: a) Muscular Fitness; b) Cardiovascular Fitness; c) Composition; d) Flexibility.

I understand that there are potential risks of injury to myself involved with any exercise and performance testing or physical activity program, such as episodes of transient light headedness, loss of consciousness, abnormal blood pressure, chest discomfort, leg cramps, and nausea. I acknowledge these risks have been explained to me, I have had full opportunity for discussion of them, and I freely accept and assume those risks. I recognize and agree that it is my obligation to discontinue any exercise and immediately inform the appraiser if I experience any pain, discomfort, fatigue, or any other similar and/or related symptoms. I understand that there are also cyber risks, including but not limited to data breach, malware and virus attacks, and access to private networks, associated with participating in any online program. In consideration of my participation in Campus & Community activities, I acknowledge that I am aware of, and freely accept all risks, dangers and hazards associated with being a participant in this CCR activity, including the possible risk of severe or fatal injury to myself or others. These risks include, but are not limited to: Potential exposure to infectious and communicable disease, including but not limited to COVID-19.

In consideration of participating in a physical activity program and/or fitness appraisal, I do hereby for myself, successors and assigns, release, forever discharge and waive The Governors of the University of Alberta (the "University"), The Steadward Centre for Personal & Physical Achievement (the "Centre"), and their directors, employees, agents, volunteers, members and representatives from any and all liability, action, causes of action, claims and demands for upon or by reason of any damage, loss or injury to person and property which I hereafter may sustain/incure as a result of my assessment or participation in a physical activity program at the Centre.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT before signing it, that I have executed this Agreement voluntarily, and that this Agreement is to be binding upon myself, my heirs, executors, administrators and representatives. Further, I acknowledge and agree:

1) I will follow all guidelines for infection prevention and control as instructed, including social distancing, hand hygiene, and wearing personal protective equipment (eg. gloves, masks) to protect myself against COVID-19 and other communicable diseases.

2) I will follow health authority self-isolation guidelines and stay home if I feel ill

Parent/Trustee

I am the parent or legally-appointed trustee of the Participant. I have read this Agreement, and I am signing it voluntarily in my role as parent/trustee. I understand the legal consequences of signing this document, including: (a) releasing the University and Centre from all liability on my and the Participant's behalf, (b) waiving my and the Participants' right to sue the University/Centre, (c) and assuming all risks of Participant's participation in this activity. I allow the Participant to participate in this activity. I agree to indemnify and save harmless the University/Centre from all claims, costs and liability which may arise as a result of participant's participation to the aforementioned program. I agree to indemnify and hold harmless the University/Centre from all claims, costs and liability which may arise as a result of participant's participation of the aforementioned program. I agree to be bound by the terms of this Agreement.

To register in any Steadward Centre program, you MUST accept the terms of this agreement by selecting "Yes" (verbal {or other indicator} "yes" when registering over the phone or in person, and clicking "yes" when registering online)