

## Participant Registration Form

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

### PARTICIPANT INFORMATION

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

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

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

Main Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

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

Year of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

### PROGRAM REGISTRATION

Please use the space below to select the programs you are interested in registering in (please print)

Program(s) interested in (see guides attached)

Program code(s) and time slot wanted (see guide)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### EMERGENCY CONTACT

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

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

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

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

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

### ADDITIONAL INFORMATION

Please indicate the nature of participant impairment/disability/diagnosis below.

\_\_\_\_\_

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

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

- Manual wheelchair  Power wheelchair  Scooter  Walker  
 Cane(s)  None  Other

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

If no please indicate level of assistance required below

Are there any specific motivators, strategies we should incorporate during programming sessions?

Transportation:  Accessible transit  Public transit  Drive  Driven  Other

Does participant currently receive subsidy?  Yes  No

### MEDICAL INFORMATION

Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Alberta Healthcare Number: (optional) \_\_\_\_\_

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

Please list all medications you are currently taking in the table below or attach a list with this form.

Medication	Dosage	Reason for Prescription

**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 make cheque payable to the University of Alberta. For any questions please contact 780-492-3182.

**Return 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 on Page 1



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.



<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (+ Name of Parent/Guardian if applicable) [Please print]	Signature (or Signature of Parent/Guardian if applicable)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
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

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Name of Parent/Trustee

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address of Parent/Trustee (if different from participant)

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

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.

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/incur as a result of my assessment or participation in a physical activity program at the Centre.

I acknowledge I that have read and understood this Agreement before signing it, that I understand the fitness appraisal and/or physical activity program in which I will be engaged, that I consent to participate in this physical activity session(s), and that I have signed this Agreement voluntarily and intend for it to be binding upon myself, my heirs, executors, administrators, and representatives. I am aware that all personal information collected as it relates to my participation in Centre programs may be requested to be used for research purposes.

\_\_\_\_\_  
Signature of Participant (If Over Age 18)

\_\_\_\_\_  
Date

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.

\_\_\_\_\_  
Signature of Parent/Trustee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

## Authorization to Reproduce Physical Likeness/Voice and Disclose Identity

### PART 1: REPRODUCTION RIGHTS

I (print name) \_\_\_\_\_ **HEREBY GRANT** TO THE UNIVERSITY OF ALBERTA, including its employees, agents, assigns, or other third party as the University may authorize on its behalf, the nonexclusive right to photograph me (or my child) \_\_\_\_\_ (child's name), make recordings of my/his/her voice, and make combined audio-visual recordings of me/my child and my/his/her voice.

I consent to the taking of images or recordings within the gym and other Steadward Centre activities (i.e. group programming, social events, summer camps and one on one sessions) by the Steadward Centre for Personal & Physical Achievement for use by the Steadward Centre for any of the following purposes: research studies, learning materials, newsletters, reporting, marketing/promotional materials, various social media platforms or website design. I hereby assign and transfer to The Steadward Centre all rights to these images, audio and visual recordings and all benefits and advantages to be derived there from. Editing, publication, distribution, broadcast and use of this material shall be at the sole discretion of The Steadward Centre, worldwide, for two years from the date signed.

I have read this form and **I DO NOT CONSENT** to the use of images or recordings taken by the Steadward Centre for Personal & Physical Achievement.

### PART 2: CONSENT TO DISCLOSE IDENTITY

I (print name) \_\_\_\_\_ **CONSENT** to the disclosure of the following personal information that may be included with the resources listed above: full name, details of disability, age and gender of myself (or my child).

I have read this form and **I DO NOT CONSENT** to the disclosure of my (or my child's) identity in occurrence with any images or recordings taken by the Steadward Centre for Personal & Physical Achievement.

**Consent is voluntary and may be revoked at anytime. This consent is valid for period of two years and is effective from the date it is signed.**

\_\_\_\_\_  
Signature of Participant or parent/  
guardian (parent/guardian required if  
under age 18)

\_\_\_\_\_  
Date