

**REGISTRATION AGREEMENT**  
HEALTHIER LIVING CENTRE / EXERCISE

**INFORMATION**

First Name:		Last Name:		Sex: (print below)
Street Address:		Cell Phone Number: (    )	Home Phone Number: (    )	
City:		Province:	Postal Code:	
Health Card Number:			Date of Birth:	

**IN CASE OF EMERGENCY**

Name of local friend or relative ( <i>not living at same address</i> ):	Relationship to client:	Home Phone Number: (    )	Work Phone Number: (    )
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**PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)**

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. 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 and 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 <b>made worse</b> by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs for your <b>blood pressure</b> or <b>heart condition</b> ?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not do physical activity?

\*If you answered yes to one or more questions, you must obtain a physician's note indicating you are cleared to participate in an exercise class.

**CLIENT COMMITMENTS**

I understand that the eligibility criteria is: please check box(es) below that apply to you:

- Older adult 55+ years of age for membership to the Healthier Living Centre (HLC)
- Senior 65+ years of age for attendance to Exercise Classes

AND who is physically and cognitively well who does not require mobility (walking) or personal care assistance.

Initials: \_\_\_\_\_

<p>I assume and accept, without limitation, all risks and dangers associated with my participation in, and presence at, this activity.</p>	<p>Initials: _____</p>
<p>I understand that Lumacare holds the right to discharge me from a program if I fail to adhere to and follow the rules and procedures as outlined by staff members. Should I be absent from the class for any reason (vacation, lack of interest, etc.), I will inform my instructor. My spot will be held for eight (8) consecutive weeks only.</p>	<p>Initials: _____</p>
<p>I will inform a staff member of any significant changes in my health, including medications, pain or balance.</p> <p>I also understand that Lumacare holds the right to discharge me from the program if my health declines to a point where the instructor observes that I am no longer able to safely participate in a fitness class(es). Alternatives will be considered prior to discharge.</p>	<p>Initials: _____</p>
<p>I understand that while attending programs and services through Lumacare, photographs and/or video footage may be taken of me in order to promote the agency. These images may be published or used for any application – newspapers, posters, slide presentation or other methods of promotion, or used for educational, fundraising, informational or training purposes.</p>	<p>Initials: _____</p>
<p>The Personal Information Protection and Electronic Documents Act (PIPEDA) and the Personal Health Information Protection Act (PHIPA) require that we collect your signed consent to store your Personal Information (PI) and Personal Health Information (PHI), and to share it with others involved in planning and providing your care (if required).</p> <p>I have had the opportunity to have questions answered regarding this collection and consent and feel that I have a reasonable understanding of the information. I hereby authorize the collection, use and disclosure of my Personal Information and Personal Health Information by Lumacare in order to facilitate the provision of care and service to the above mentioned.</p> <p><b>Note for Exercise Classes Only:</b> Lumacare works in partnership with the <b>Community Care Access Centre (CCAC)</b>, who delivers home and community health care and connects people to other services in our community. The CCAC is involved with supporting exercise classes in Ontario. As part of the registration process, you may receive a phone call from the CCAC to confirm the information you provided on this form.</p>	<p>Initials: _____</p>
<p>I have read, understood and completed the PAR-Q. Any questions I had were answered to my full satisfaction. I also declare that the information above is correct and accurate.</p>	
<p>Signature of Client: _____</p>	<p>Date: _____</p>
<p>Signature of Witness: _____</p>	<p>Date: _____</p>