

**GARDEN CITY COMMUNITY CENTRE**  
**SEVEN OAKS SPORTSPLEX**

**Personal Information Form**

This form will be kept confidential and will only be used in case of emergency.

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

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

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

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

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Physical Activity Readiness Questionnaire (PARQ)**

Please assist Garden City Community Centre with designing a safe and effective physical activity program for you by answering the following questions:

- |     |    |  |
|-----|----|--|
| Yes | No | Have you ever been diagnosed or received treatment for heart disease or stroke?                            |
| Yes | No | Do you experience pain in your chest, during physical activity?  |
| Yes | No | Do you experience pain in your chest, during daily living?   |
| Yes | No | Do you ever lose balance because of dizziness or lose consciousness?                                       |
| Yes | No | Have you ever been diagnosed with a bone and/or joint condition that may be worsened by physical activity? |
| Yes | No | Do you know of any other reason as to why you should not participant in physical activities?               |

If you answered yes to one or more questions, or you are over 69 years of age and are not used to being physically active, it is highly recommended that you consult your physician prior to becoming more physically active. Medical clearance may be required for those with extensive health concerns.

## Additional Medical Information

Do you have any food or drug allergies? Yes      No

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any prescription drugs? Yes      No

If yes, please specify the name of the medication(s) and why you are taking them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you experience any pain, have movement limitations, or an injury? Yes      No

If yes, please describe and specify the location of the body: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant's Signature: \_\_\_\_\_

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

**Program Release and Waiver of Liability**

The participant assumes all risk or personal injury which may result from participant in Seven Oaks Sportsplex or Garden City Community Centre program.

All Garden City C.C./Seven Oaks Sportsplex programs require full equipment relevant to the sport and/or activity being participated in.

During gymnasium, arena/ice and soccerplex sessions, appropriate and proper fitting equipment is mandatory.

The participant will not hold Garden City C.C., any of the staff, officials, or board members liable for injury which the participant may sustain during program activities.

The participant understands and agrees that all sports and activities may have physical dangers which may result in serious injury or death.

The participants certifies that he/she has no known medical condition which would prohibit their participation in the program.

The participant agrees to reimburse Garden City C.C. in full within 30 days for the cost of any property damage for which the participant is responsible for by Garden City C.C staff, officials or board members.

Garden City C.C. is not responsible for lost, stolen, or damaged participant property.

As a participant of this Garden City C.C. program, I understand and will abide by all terms and conditions.

Participant's Signature: \_\_\_\_\_

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