

# registrationform

## Zumba® Fitness Classes by David Olivares & Beverly Paauwe

### Instructions:

- 1) Fill out & sign registration, PAR-Q, and liability waiver forms.
- 2) E-mail it back to Beverly Paauwe at registration@meneazao.com OR return on the first day you attend class.

### Information:

- Time: Fridays 6:30-7:30PM
- Class Dates are:
  - January: 13, 20, 27
  - February: 3, 10, 17, 24
  - March: 2, 9, 16, 23, 30
 A total of 12 classes will be held on Fridays from January 13th to March 30th 2012.
- \$10/class drop-in. Limited Space Available.
- Payment method: Cash or Cheques only, made payable to Beverly Paauwe (\$35 returned check fee)
- Contacts:
  - Beverly Paauwe - 403-542-0051 - E-mail: bev@meneazao.com
  - David Olivares - 403-796-2705 - E-mail: david@meneazao.com

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

Date of Birth: DD / MM / YY

Home phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

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

Email \_\_\_\_\_

Emergency Contact (relationship)

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

Home phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

## Liability Waiver Release Form

Informed Consent and Liability Waiver Release for Participants in Beverly Paaue's and David Olivares's Zumba® Fitness Classes.

I \_\_\_\_\_, agree and consent to the following:

I am voluntarily participating in the Zumba® Fitness classes conducted by Beverly Paaue and David Olivares. I recognize that the program requires physical exertions that may be strenuous at times and may cause physical injury and I am fully aware of these risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above-mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program.

I agree to assume full responsibility for any risks, injuries or damage known or unknown which I might incur as a result of participating in the Zumba® Fitness program.

I knowingly, voluntarily, and expressly waive any claim I may have against Beverly Paaue and David Olivares for injury or damages that I may sustain as a result of participating in the Zumba® Fitness program/class.

I, my heirs, or representatives' forever release, waive, discharge, and covenant not to sue Beverly Paaue and David Olivares for any injuries or death caused by their negligence or other acts.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

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Note: If the participants is not 18 years of age or older, he/she must have the consent of a parent or guardian who will also read, understand and agree to the above terms. The Parent or Guardian must then sign and assume responsibility for the above terms.

I \_\_\_\_\_, as parent or legal guardian of the above participant, hereby understand, agree to, and assume responsibility for the above terms.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

# 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 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 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 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?
<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 that 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.

### DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of 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.

You are encouraged to copy 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 \_\_\_\_\_ WITNESS \_\_\_\_\_  
(or GUARDIAN (for participants under the age of majority))

