

# **TREKABOUT WALKING CLUB**

SPONSORED BY:

CITY OF PRESCOTT RECREATION SERVICES 777-1122  
HIGHLANDS CENTER FOR NATURAL HISTORY 776-9550  
YAVAPAI COUNTY COMMUNITY HEALTH SERVICES

FEE: \$18.00 ANNUALLY (PRO-RATED @ 6 MONTHS)

JANUARY 1 - DECEMBER 31, 2020

2 GUIDED HIKES PER WEEK AND MONTHLY CALENDARS

PLEASE COMPLETE THE REGISTRATION INFORMATION BELOW

RETURN TO:

CITY OF PRESCOTT RECREATION SERVICES DEPARTMENT

824 E. GURLEY, PRESCOTT, AZ 86301

(MAKE CHECK PAYABLE TO CITY OF PRESCOTT)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

I HEREBY RELEASE FROM LIABILITY, DISCHARGE, HOLD HARMLESS, AND RELINQUISH AND WAIVE ANY LIABILITY OF HIGHLANDS CENTER FOR NATURAL HISTORY, YMCA, CITY OF PRESCOTT, YAVAPAI COUNTY, AND CVD REPRESENTATIVES AND EACH OF THESE ENTITIES OFFICERS, EMPLOYEES, AGENTS AND REPRESENTATIVES, AND I HEREBY ASSUME THE RISK FOR ANY PHYSICAL OR MENTAL INJURY, AGGRAVATION OF ANY PRE-EXISTING ILLNESS OR CONDITION, PERMANENT DISABILITY OR DEATH, PROPERTY DAMAGE OR OTHER LOSS THAT MAY BE SUSTAINED BY ME BY PARTICIPATING IN THE TREKABOUT WALKING CLUB.

I HEREBY AUTHORIZE THE ABOVE ENTITIES TO USE MY LIKENESS, WITHOUT PAYING COMPENSATION TO ME, IN ANY PUBLICATION FOR THIS OR A RELATED PROGRAM.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ, UNDERSTAND AND AGREE TO THE TERMS STATED ABOVE:

SIGNATURE \_\_\_\_\_ NAME \_\_\_\_\_

DATE \_\_\_\_\_ RENEWAL \_\_\_\_\_ NEW \_\_\_\_\_

**PLEASE COMPLETE THE BACK SIDE OF THIS FORM AND SIGN**

FOR OFFICE USE: PAID \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_ DATE \_\_\_\_\_ INIT. \_\_\_\_\_

Munis  ActiveNet  M drive

## Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read the carefully and check **YES** or **NO** opposite the question if it applies to you. If yes, please explain.

**YES**    **NO**

- \_\_\_\_\_    \_\_\_\_\_    1. Has your doctor ever said you have heart trouble?  
Yes, \_\_\_\_\_
- \_\_\_\_\_    \_\_\_\_\_    2. Do you frequently have pains in your heart and chest?  
Yes, \_\_\_\_\_
- \_\_\_\_\_    \_\_\_\_\_    3. Do you often feel faint or have spells of severe dizziness?  
Yes, \_\_\_\_\_
- \_\_\_\_\_    \_\_\_\_\_    4. Has a doctor ever said your blood pressure was too high?  
Yes, \_\_\_\_\_
- \_\_\_\_\_    \_\_\_\_\_    5. Has your doctor ever told you that you have a bone or joint problem(s),  
such as arthritis that has been aggravated by exercise, or might be made  
worse with exercise?  
Yes, \_\_\_\_\_
- \_\_\_\_\_    \_\_\_\_\_    6. Is there a good physical reason, not mentioned here, why you should  
not follow an activity program even if you wanted to?  
Yes, \_\_\_\_\_
- \_\_\_\_\_    \_\_\_\_\_    7. Are you over age 60 **and** not accustomed to vigorous exercise?  
Yes, \_\_\_\_\_
- \_\_\_\_\_    \_\_\_\_\_    8. Do you suffer from any problems of the lower back, i.e., chronic pain,  
or numbness?  
Yes, \_\_\_\_\_
- \_\_\_\_\_    \_\_\_\_\_    9. Are you currently taking any medications? If YES, please specify.  
Yes, \_\_\_\_\_
- \_\_\_\_\_    \_\_\_\_\_    10. Do you currently have a disability or a communicable disease?  
If YES, Please specify,  
Yes, \_\_\_\_\_

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered Yes to any of the above questions, then you may want permission from a physician before participating in physical and aerobic fitness activities.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date