

Note: THIS FORM IS IN ADDITION TO YOUR BOWIE WOMEN LACROSSE REGISTRATION FORMS. This form DOES NOT take the place of the AISD Physical Evaluation-Medical History form that must be conducted annually to participate in any sports activities of AISD and submitted with your registration forms BY 10/10/2006.

BOWIE WOMENS LACROSSE-Physical Activity Readiness Questionnaire (PAR Q form)

Physical activity is important for physical and mental health. Typically, all individuals are encouraged to participate in physical activities. Please answer the following questions-It is important for us to have contact information for you and know if you have any health conditions that can be affected by physical activity. ALL information is confidential.

Name (print) : _____ **Date:** _____

Physical Activity Readiness Questionnaire (PAR-Q)—Must be submitted to practice with Team

Yes No

- _____ 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- _____ 2. Do you feel pain in your chest when you do physical activity?
- _____ 3. In the past month, have you had chest pain when you were not doing physical activity?
- _____ 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- _____ 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- _____ 6. Is your doctor currently prescribing drugs for your blood pressure or heart condition?
If yes, Please specify: _____
- _____ 7. Do you know of any other reason why you should not do physical activity?
If yes, please specify: _____
- _____ 8. Do you have asthma or any allergies we need to be aware of or are you on any allergy medications? If yes, please specify: _____

If you answered **Yes** to one or more questions, talk with your doctor before you start becoming much more physically active.

If you answered **No** to all questions, you can be reasonably sure that you can start becoming more physically active right now. Be sure to start slowly and progress gradually -- this is the safest and easiest way to go.

If your health changes so that you then answer **Yes** to any of the above questions, ask for advice from your health professional.

I have read and fully understand this questionnaire and have answered all questions to the best of my knowledge. This form is REQUIRED to be completed and submitted in order to attend practices of Bowie Women's Lacrosse.

Signature (PLAYER) _____
Date

Signature (PARENT) _____
Date

EMERGENCY CONTACT INFO:	EMERGENCY CONTACT INFO:
NAME: _____	NAME: _____
Relationship: _____	Relationship: _____
ADDRESS: _____	ADDRESS: _____
PHONE-Home: _____	PHONE-Home: _____
PHONE-Work: _____	PHONE-Work: _____
PHONE-Cell: _____	PHONE-Cell: _____