

# Registration MASTERS DIVE CLUB 2018-2019



60 Maywood, Pointe-Claire, QC H9R 0A7

Name:	Date of birth: <i>yyyy-mm-dd</i>	Medicare:
Address:		Postal Code:
City:	Tel (home):	Tel (cell):
Email:		
Emergency contact:	Relation:	Tel:
<b><u>Multi card (Residents of Pointe Claire only)</u></b>		
Number:	<b><u>New members:</u></b>	
Expiry date:	Have you dived before:    YES    NO	

My goals this year: \_\_\_\_\_

For your safety we ask that you complete and comply with the recommendations of the following Physical Activity Readiness Questionnaire (Par-Q) before engaging in physical activity.

YES	NO	QUESTION
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition? <input type="checkbox"/> Heart Attack <input type="checkbox"/> Stroke <input type="checkbox"/> Arrhythmia <input type="checkbox"/> High blood pressure <input type="checkbox"/> Other _____
<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 any chest pain when you were <b>not</b> doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Are you a diabetic?
<input type="checkbox"/>	<input type="checkbox"/>	5. Are you asthmatic?
<input type="checkbox"/>	<input type="checkbox"/>	6. Are you currently taking medication for the following? <input type="checkbox"/> Blood pressure <input type="checkbox"/> Cholesterol <input type="checkbox"/> Blood sugar <input type="checkbox"/> Heart medication <input type="checkbox"/> Other _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you lose balance because of dizziness and/or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have Arthritis? <i>Joints affected:</i> _____
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you have Osteoporosis? <i>Area affected:</i> _____
<input type="checkbox"/>	<input type="checkbox"/>	10. Are you currently experiencing, or have you ever had, any pain in the following: <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Neck <input type="checkbox"/> Hip <input type="checkbox"/> Knee
<input type="checkbox"/>	<input type="checkbox"/>	11. Are you pregnant or planning to become pregnant in the near future?
<input type="checkbox"/>	<input type="checkbox"/>	12. Are you over 69 years of age and physically <b>inactive</b> ?
<input type="checkbox"/>	<input type="checkbox"/>	13. Are you over 35 years of age and has it been over ONE year since you have seen a physician?
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you know of any other reason why you should NOT participate in physical activity?

**If you answered YES to one or more questions:**

- > It is **your** responsibility to talk with your doctor by phone or in person BEFORE you start becoming much more physically active.
- > You may be able to do any activity that you want – as long as you start slowly and build up gradually. Certain activities may be unsafe for you.
- > It is **your** responsibility to talk to your doctor and a certified fitness trainer about the type of activities you wish to participate in and follow his/her advice.

Gym supervisors and fitness instructors are available to help answer any questions and concerns that you may have about exercising.

**If you answered NO to all questions:**

- > You can be reasonably sure that you can start becoming more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- > Speak with a certified fitness trainer or instructor before you begin exercising.
- > If you hold a valid weight room membership, we encourage you to make an appointment with a weight room supervisor for equipment and program demonstrations.

**Allergies / Additional medical history:** \_\_\_\_\_

I have read, understood and completed this questionnaire. I hereby acknowledge that my participation in such a program is entirely voluntary on my part. ***If after completing this form, there are any changes to my health, it is my responsibility to advise my coach.***

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**I understand and accept that this membership is valid until August 16, 2019 \_\_\_\_\_ (initials)**

## MEMBERSHIP WAIVER FORM 2018 – 2019

I, the undersigned,

\_\_\_\_\_

do hereby release the City of Pointe-Claire, the Pointe-Claire Diving Club, their officials, coaches, representatives, or employees from any claim for property damage, personal injury or death suffered by myself on the way to the pool, in the building where it is situated, during any and all activities related to diving, including the fact of diving itself, on the way back from the pool or during any trip outside the limits of the City of Pointe-Claire.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

I, \_\_\_\_\_, give permission to the City of Pointe-Claire, to print pictures of myself in the Pointe-Claire Aquatic Centre brochure, in the City of Pointe-Claire newsletter and website and in different local newspaper.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date