





Physical Activity Readiness Questionnaire (PAR-Q)

Name of Jogger:
Phone number of Jogger:
Your Jog Leader needs to be aware of your health history and how active you have been recently so that you can be led through a safe and effective exercise programme. The only people that will have access to your details are your Jog Leader(s)/ group coordinator.
Person to contact in case of Emergency Name:
Name: Contact Number: Relationship:
Are you participating in this activity programme AGAINST your doctor's advice?
Yes / No:
Please detail in the space below any medical / health conditions you have which you think your Jog Leader should know about prior to you taking part.
To join Kirkcaldy Wizards you must be a member of jogscotland. You can join here . Please enter your JogScotland Registration Number: _JS
Note: If you are a new or expectant mother please complete an enhanced PARQ form
Formal Declaration I declare that I have completed this questionnaire fully and honestly. I will inform my Jog Leader if there are any changes in my circumstances. I take part in any recommended programme entirely at my own risk and waive any legal recourse for damages to myself or property arising from my participation.
Signed:Date:

The data collected within this form is done so in line with our privacy notice for members. Please read our privacy notice in full before signing this form. The privacy notice sets out the legal basis for processing this data, how long we will keep your data for, how we protect your personal information, and your rights in relation to the personal data that we hold on you. A copy of the policy will be available from your jog leader.

Jog Leader/ Local Organiser:

Please keep completed PARQ's for your own records. All participants must complete the online membership form as well as the PARQ before taking part in a session. Enhanced PARQ's for new and expectant mothers are available from the jogscotland office or from www.jogscotland.org.uk