

# CRITI CARE PARAMEDIC PHYSICAL FITNESS ASSESSMENT REGISTRATION FORM

## Applicant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male  Female   
Phone Number: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
Physician Address: \_\_\_\_\_

## REGISTRATION INFORMATION

- **\$110 per test**
- **PAR-Q form is REQUIRED at the time of registration**
- Test duration is approximately 2 hours
- Refunds less a \$15 administration fee will be granted ONLY when a valid medical certificate is presented
- Transfer requests received 4 or more working days prior to the scheduled test will be granted if there is space (no transfer fee)
- Payment is non-transferable from person to person
- In person, fax and mail registration ONLY – **NO TELEPHONE REGISTRATION**
- Payment options include: cash, Interac, Visa, MasterCard, cheque \* *post-dated cheques are NOT accepted*

The Releasor hereby authorizes the University to take photograph/video of the Participant during program/membership activities, and to display and otherwise use these images without charge solely for the purpose of promotional material in connection with the University.

## APPOINTMENT INFORMATION

Applicant Preferred Testing Date: \_\_\_\_\_  
CSRs Record Booked Appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Contact Info

**Registration Inquiries:** 1-800-432-1960 (ex 6100) (204) 474-7864 [www.bisonactiveliving.ca](http://www.bisonactiveliving.ca)  
**Test Specific Inquiries:** 1-800-432-1962 (ex 6476) (204) 474-6476 [liljegre@cc.umanitoba.ca](mailto:liljegre@cc.umanitoba.ca)

## OFFICE USE ONLY

**CSR Received:**  
 Registration Form  
 PAR Q Form  
 Payment

Cash  
 Cheque  
 Interac  
 Visa  
 MasterCard

Date Received: \_\_\_\_\_  
Amount Received: \_\_\_\_\_  
Processed By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Notified:  in Person  Phone  Other

## PAYMENT INFORMATION

**In Person/Mail:** Customer Service Desk, 145 Frank Kennedy Centre, University of Manitoba, R3T 2N2

**Fax: (204) 474-7503** (include Visa or MasterCard information including expiry date)

Total Amount Due: \$ \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Visa/MasterCard #: \_\_\_\_\_ Signature: \_\_\_\_\_

# Physical Activity Readiness Questionnaire (PAR-Q)

Common sense is your best guide when you answer these questions. Please read the questions carefully, and answer each one honestly: circle YES or 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? | YES | NO |
| 2. | Do you feel pain in your chest when you do physical activity?  | YES | NO |
| 3. | In the past month, have you had chest pain when you were not doing physical activity?  | YES | NO |
| 4. | Do you lose your balance because of dizziness or do you ever lose consciousness?   | YES | NO |
| 5. | Do you have a bone or joint problem that could be made worse by a change in your physical activity?                              | YES | NO |
| 6. | Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                | YES | NO |
| 7. | Do you know of <i>any other reason</i> why you should not do physical activity?  | YES | NO |

If you answered **YES** to any of the above questions, you **must** obtain a medical clearance by a physician before we will allow you to access the facilities / programs. A medical clearance form may be obtained from the Customer Service Desk.

I hereby release and discharge The University of Manitoba, The Faculty of Kinesiology and Recreation Management, and the employees of the aforementioned (The 'University') from any and all claims, and demands by me and my heirs, executors, or assigns, for, upon, or by reason of any damage, loss, or injury to my person property, or dependent children which may be sustained as a consequence of my participation in any activity or through the negligence of act of omission of the university in these facilities.

DATE

PARTICIPANT NAME (please print)

SIGNATURE