

CARETAKING PHYSICAL FITNESS TEST

PAGE 1

The following forms, along with your payment, are required at the time of registration (SEE PAGE 2 FOR REGISTRATION INFO):

Registration Form Release and Indemnity PAR-Q*

*If you answer YES to any of the PAR-Q medical screening questions, obtain your physician's release to take the test.

PLEASE ADHERE TO THE FOLLOWING GUIDELINES

- Avoid a large or heavy meal but do not come with an empty stomach, please eat something light.
- Abstain from smoking for at least 2 hours.
- Abstain from caffeine products for at least 2 hours.
- Abstain from using short-acting bronchodilators for at least 2 hours. (Bring your short acting bronchodilators with you in the event you will need it after the test.)
- Abstain from alcohol for at least 6 hours.
- Abstain from using any stimulants for at least 24 hours (i.e., products containing ephedrine, pseudoephedrine, ephedra).
- Abstain from any vigorous exercise within 24 hours.

PLEASE BRING

- Valid driver's license / and or photo ID
- Comfortable clothing (shorts, t-shirt, running shoes)
- Water or sports drink (Gatorade)

GENERAL INFORMATION

- Testing takes place at the Active Living Centre, University of Manitoba. Upon arrival, please identify yourself as a Caretaking applicant to the Active Living Centre Customer Service Desk staff.
- Tests are approximately 1 hour.
- Parking is free after 4:30pm and on weekends, except where designated as "24 hour reserved". We suggest parking in U lot. [Parking Map](#).
- Locker room and shower facilities are available at the Active Living Centre. Day use lockers are available; bring a lock.
- Arrive early and be ready (in your appropriate attire) 10 minutes prior to your test time.

REFUNDS

- The fee is good for one test only.
- Applicants must give 4 working days notice (between Monday to Friday) to have test date or time changed.
- If an applicant withdraws from a test 10 or more days before the testing date they may receive a refund less a \$15 (+ GST) administration fee. If an applicant withdraws from a test less than 10 days before the testing date they may receive a credit for the value of the test less a \$15 (+ GST) administration fee. Unless a medical certificate is presented, no refunds will be granted after the test date. Credits can be transferred among immediate family members. [REFUND POLICY](#).
- If an applicant does not show up for the scheduled test time, the applicant forfeits the original test fee. If the applicant wants to re-register for the same recruitment, a new test fee must be paid.
- If an applicant cancels within 24 hours of the scheduled test time, the applicant forfeits 50% of the test fee and charged a \$15 (+GST) admin fee.
- Applicants who register after the posted registration deadline will be charged a late fee.

OTHER

Before the test administrator can proceed with the test, your resting heart rate and blood pressure will be taken. This is to ensure that your heart rate is not equal to or above 100 beats per minute and your blood pressure is not equal to or above 160/90 mm Hg. These national standards have been set as a safety precaution. If you are equal to or above these levels, you will be asked to see your physician again to get additional permission to proceed with the test.

Registration Inquiries:

Customer Service Representatives
Active Living Centre
University of Manitoba, Winnipeg, MB R3T 2N2
Phone: 204-474-6100
Toll Free: 1-800-432-1960 ext.6100
Fax: 204-474-7503

Test Specific Inquiries:

Coordinator of Fitness & Programs
Phone: 204-474-6476
Toll Free: 1-800-432-1962 ext. 6100
occupational.testing@umanitoba.ca
uofmactiveliving.ca

CARETAKING PHYSICAL FITNESS TEST

PAGE 2

REGISTRATION INFORMATION

- Caretaking Physical Fitness Test fee is \$130 +GST per test (Hiring organization may be paying for the first test).
- For details on refund, cancellation, and no-show policies, see page 1.
- The completed Registration, Release & Indemnity, and PAR-Q, along with payment, are required at the time of registration (NO REGISTRATIONS OVER THE PHONE). Submit forms in person (Active Living Centre Customer Service Desk), by fax (204-474-7503), or electronically (scan into PDF or JPEG and email to occupational.testing@umanitoba.ca). Payment options (after an unsuccessful first test attempt) include VISA/MASTERCARD or cash/cheque/Interac (in-person only).

APPOINTMENT INFORMATION

I'm taking the test for the following organization:

- University of Manitoba Physical Plant (1st test fee, N/A) Other
- Action Marguerite (1st test fee, N/A)

1ST CHOICE: Date/Time _____ 2ND CHOICE: Date/Time _____

PAYMENT INFORMATION

SELECT ONE: Visa MasterCard Cardholder's Name: _____

Credit Card Number: _____ Expiration Date: _____

Cash Cheque Interac

U OF M USE ONLY

FORMS: Date Received _____ Time Received _____ Data Entered by _____

Registration Release & Indemnity PAR-Q

PAYMENT Amount \$ _____ Date _____ Processed by _____

TEST DATE _____ TEST TIME _____ Phone Confirmation By _____ Date _____

CARETAKING PHYSICAL FITNESS TEST

RELEASE AND INDEMNITY STATEMENT:

I understand that participation in programs/camps/membership services offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities, even under the safest conditions, may be hazardous and that my participation (or that of my child(ren)) may expose Me (or my child(ren)) to elements of risk that may include loss of or damage to personal property or bodily injury such as, the possibility of internal injuries, fractures, concussions, sickness and even death. I expressly agree to accept and assume all of the associated risks.

IN CONSIDERATION of the University of Manitoba (the "University") allowing Me or my child(ren) to participate in programs/camps/membership services offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities, I on my own behalf and on behalf of my heirs, my spouse, my child(ren) executors, administrators and assigns RELEASE the University, its respective servants, agents or employees (collectively referred to as the "University") from any liabilities, claims or actions of any nature whatsoever arising from or related to any and all injury (including death) to me or my child(ren) and/ or loss or damage to personal property arising from, or in any way resulting from participation in programs/camps/membership services offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities unless such injury and/or damage is caused by the SOLE NEGLIGENCE if the University or its employees or agents while acting in the scope of their duties.

I FURTHER AGREE TO INDEMNIFY the University from any and all claims, demands, or causes of which are in any way connected with my and/or my child(ren)'s participation in programs/camps/membership services offered by the Faculty of Kinesiology and Recreation Management or the use of the Faculty's sport and recreation facilities, unless such claims are based upon damages caused or alleged to be caused by the SOLE NEGLIGENCE if the University or its employees or agents while acting in the Scope of their duties.

I have had sufficient opportunity to read this entire document. I have read and understood it and I agree to be bound by its terms.

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Date

Name(print)

Signature

Notice Regarding Collection, Use, and Disclosure of Personal Information and Personal Health Information by the University: Your personal information and personal health information is being collected under the authority of The University of Manitoba Act. The information you provide will be used by the University for the purpose of determining eligibility to complete the Caretaking Physical Fitness Test, for registration (if eligible), and for communication (including communication with your emergency contact in case of an emergency). The results of your fitness test may be shared with the University of Manitoba's Physical Plant (if applicable), or may be disclosed to Action Marguerite (if applicable) for the purpose of determining whether or not you meet the standard physical requirements for your occupation. Your personal information and personal health information will not be used or disclosed for other purposes, unless permitted by The Personal Health Information Act (PHIA) or The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information or personal health information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

CARETAKING PHYSICAL FITNESS TEST

**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 any other reason why you should not do physical activity? | YES | NO |

If you answered YES to any of the above questions, you must obtain medical clearance from a physician before you may take the Caretaking Physical Fitness Test. Contact occupational.testing@umanitoba.ca for the Physician's Release Form.

Date	Name (print)	Signature

Emergency Contact:

Last name	First name	Relationship	Phone

Family Physician Info:

Physician's Name	Physician's Phone	Physician's Office Address