



the national governing body for group exercise

Pilates Physical Activity Readiness Questionnaire (PAR-Q)

Name:

Gender:

Email address:

Age:

Contact number:

Emergency contact name:

Emergency contact number:

This PAR-Q is designed to help you to help yourself. Many benefits are associated with regular Pilates practice, and completion of the PAR-Q form is a sensible first step to take if you are planning to join a Pilates class.

For most people, Pilates should not pose a problem or hazard. The PAR-Q has been designed to identify the small number of people who might need exercises modified or who should seek medical advice before joining a Pilates class. Common sense is your best guide for answering these questions.

Have you attended a Pilates class before, either in a group class or 121?
If yes, how long have you practiced Pilates and what style(s) of Pilates have you practiced? (Mat Pilates / Reformer Pilates):
What are your reasons for taking up Pilates:

Please indicate in the boxes below whether or not you have any of the following medical conditions and then provide further information.

Abdominal disorder or recent surgery	YES / NO	Hip sensitivities	YES / NO
Arthritis (osteo or rheumatoid)	YES / NO	Shoulder/neck sensitivities	YES / NO
Unspecified back pain	YES / NO	Heart disorders	YES / NO
Spinal injury	YES / NO	High blood pressure	YES / NO
Joint replacement	YES / NO	Low blood pressure	YES / NO
Knee sensitivities	YES / NO	Other	YES / NO
Further information (for any boxes you answered yes for):			

Please note these conditions may also affect your practice and so it will be useful for your instructor to be aware of them:

Asthma	YES / NO	Diabetes	YES / NO
Anxiety/depression	YES / NO	Auto-immune disorder (e.g. M.E., M.S., Lupus etc.)	YES / NO
Epilepsy	YES / NO	Balance affecting disorder	YES / NO
Respiratory issues	YES / NO	Migraine	YES / NO
Sensory disorder affecting eyes or ears	YES / NO	Other	YES / NO
Further information (for any boxes you answered yes for):			

- Please take care when filling in this Par Q and check the contents are accurate.
- By submitting this Par Q, you are confirming that the contents are true and accurate to the best of your knowledge.
- Please notify your instructor of any changes to your responses in this Par Q, before participating in classes subsequent to those changes.
- Where you are taking part in live-streamed classes, please note that the instructor may not be able to see you at all times.
- Where you have declared a health condition, please contact the instructor before the class if you would like to request that you are provided with suitable modifications or adjustments wherever possible.
- Please note, where you are taking part in a pre-recorded class, it may be more difficult to request specific adjustments or modifications.
- In all classes whether face to face, live streamed or pre-recorded/on demand, always follow your instructor's safety instructions and listen to your body. Where a movement or class is beyond your experience or ability, feels too difficult for you, or you experience any discomfort, please do not continue the movement.

Participant Declaration

All persons who have completed the PAR-Q+ please read and sign the declaration below. If you are less than the legal age required for consent or require the assent of a care provider, your parent/guardian or care provider must also sign this form.

"I confirm that where any medical condition, discomfort or injury which may be affected by physical activity applies or becomes applicable at any time when I am participating in a class, I am responsible for checking with my doctor to ensure I am able to participate in this activity."

Signed:

Print Name:

Address (including post code):

Date:

