



# Wimbledon Boxing Club

## Adult PAR-Q – Physical Activity Readiness Questionnaire

Version: 01 May 2026

### Participant details

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency contact: \_\_\_\_\_

### Physical Activity Readiness (PAR-Q)

Question	Yes	No
Has a doctor ever said you have a heart condition or should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had chest pain when not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose balance because of dizziness or ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any bone, joint, or muscle problem that could be made worse by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing medication for blood pressure, heart condition, or any other medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any other reason why you should not take part in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any question, please provide details below and consider seeking medical advice before participating e.g. medical conditions / injuries / medication if applicable:

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### Declaration

- I confirm that the information provided is accurate to the best of my knowledge.
- I understand this form does not provide medical advice and I will seek medical guidance if unsure about participation.
- I agree to inform the coach of any changes to my health that may affect safe participation.

### Signature

Participant signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_