**Yin Video Assessment - Participant Physical Activity Readiness Questionnaire (PARQ)**

**Please read carefully.** If you tick “yes” to any of the boxes below you will be required to sign a **Medical Disclaimer.** This must be completed before you take part in physical activity.

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| --- | --- | --- | --- |
|  | **Please tick the relevant boxes** | **Yes** | **No** |
| **1** | Has your doctor ever said that you have a heart condition and recommended only medically supervised activity? |  |  |
| **2** | Do you have chest pain brought on by physical activity? |  |  |
| **3** | Have you developed chest pain in the last month? |  |  |
| **4** | Do you tend to lose consciousness or fall over as a result of dizziness? |  |  |
| **5** | Do you have a bone or joint problem that could be aggravated by the proposed physical activity? |  |  |
| **6** | Has a doctor ever recommended medication for your blood pressure or a heart condition? |  |  |
| **7** | Are you aware, through own experience or from a doctor’s advice, of any other physical reason why you should not exercise without medical supervision? |  |  |
| **8** | Are you currently, or have you been pregnant in the last six months? |  |  |

**Informed Consent**

The purpose of the Yin and Restorative practical session is to assess the competence of the YMCAfit students’ (Learner) practical skills and knowledge. The activities will include adaptations and progressions to accommodate a variety of fitness levels.

All activities are designed to be safe and effective with minimal risk of injury. Please inform the Learner if for any reason you feel you should not perform any of the activities (e.g. Illness or injury that could be aggravated by such activity). If, at any time you feel pain or discomfort, stop performing the activity and inform the Learner.

**Participant Video Consent**

I hereby give full permission for the recording of the live video assessment I will appear in, to be used for assessment purposes for the YMCAfit student (Learner).

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| --- | --- |
| **Student Name: (Learner)** |  |
| **Your Name: (Participant)** |  |
| **Your signature: (Participant)** |  |
| **Date:** |  |