

February 7, 2015
✓ in 8:30 am Sat.

5th Annual
YMCA of Saginaw
PADDLE BALL

Fee \$ 30 each

Includes refreshments & prizes

Max. 24 players
Sign up at
YMCA Saginaw or
online

Fun Doubles Tourney

Committee will set teams based on
skill level ~ The Bay City Y way ~

Please Print Clearly

Paddleball Tourney Registration

\$ 30 Fee each

Name

Address

City, State Zip

E-mail for correspondence with YMCA

Home phone

Work phone

Cell Phone

~ Sign up as Individual or a Team ~ Guaranteed 2 Matches ~ Best 2 out of 3 ~

Please Print Clearly

Paddleball Tourney Registration

\$ 30 Fee each

Partner—Name

Address

City, State Zip

E-mail for correspondence with YMCA

Home phone

Work phone

Cell Phone

1915 Fordney Saginaw, MI 48601

www.SaginawYMCA.org

989-753-7721 fax # 989-755-9329

Printed Last Name: _____ First Name: _____ MI: _____

YMCA of Saginaw

Self-Administered Physical Activity Readiness Questionnaire (PAR-Q)

For most people, physical activity should not pose any problem or hazard. This questionnaire has been designed to identify the small number of persons for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the correct answer.

- ☐Yes ☐No Are you over the age of 65 and not accustomed to vigorous exercise?
- ☐Yes ☐No Has your doctor ever said you have heart trouble?
- ☐Yes ☐No Do you frequently have pains in your heart and chest?
- ☐Yes ☐No Do you often feel faint or have spells of severe dizziness?
- ☐Yes ☐No Has a doctor ever told you that you have bone or joint problems such as arthritis that is aggravated by exercise or might be made worse with exercise?
- ☐Yes ☐No Has your doctor ever said your blood pressure was too high or too low?
- ☐Yes ☐No Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
Explain: _____
- ☐Yes ☐No ☐No Blood Sugar Issues ☐Hypoglycemic ☐Diabetic

If you have answered NO TO ALL of the questions, you have a reasonable assurance of your present suitability for physical activity. Be sure to start slowly and progress gradually – this is the safest and easiest way to go.

If you answered YES TO ONE or more questions, we recommend that you consult with your personal physician before increasing your physical activity.

If you answered YES TO TWO or more questions, you must obtain a written physician note.

☐ I stapled to this form a doctor note from my physician:

Dr. Name _____

Dr. Phone # _____

___ I agree to follow YMCA rules and policies. I understand there is some risk in physical activity and exercise. I further agree that the YMCA shall not be responsible for any personal injuries or losses sustained by me or my family while on the premises, or because of any YMCA sponsored activities. I further agree to indemnify and hold harmless the YMCA of Saginaw of any claims or demands arising out of any such injuries or loss.

___ I understand that the YMCA may make certain reasonable recordings of an event. I hereby authorize the YMCA to have and use reasonable photographs, slides, moving pictures and audio/video tapes for purposes of legitimate YMCA records, public relations, and/or advertising.

___ I verify all statements on this form to be true.

SIGNATURE

DATE

OVER