



Dear Athlete,

Base Conditioning is offering an intensive twelve (12) week dryland conditioning training camp designed for those hockey players seeking to take their game to the next level. The camp will run for 1.5 hours, 5 days a week, starting May 31st and will improve an athlete's ***Acceleration, Explosive Power, Strength, Multi-Directional Speed and Conditioning.***

The cost of the conditioning training camp is \$1,600 (plus GST). It includes – ***a assessment (such as body fat percentage, functional movement screen –FMS, manual muscle testing and flexibility), over 80 hours of supervised dryland training, a nutritional analysis with a certified nutritionist, essential supplements, 10 hours off on ice training, your membership fee to the Dôme facility in Blackburn Hamlet (Louis-Riel High School), and more.***

If you are interested, please complete and forward the attached *Conditioning Camp Registration and PAR-Q forms* along with your cheque made payable to Jean-Robert Léger at the address below.

Please note that if you have identified “yes” to any of the Par-Q questions, a letter from your physician is mandatory before taking part in the conditioning camp activities.

I look forward to working with you this summer. In the meantime, if you have any questions, please contact me at (613) 295-BASE (2273) or (613) 446-7614.



## Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (home) \_\_\_\_\_ (cell.) \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_

### **In case of an emergency:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

I acknowledge that there are potential risks associated with any type of physical activity and I, for myself, my heirs, executors and assigns waive any claims to which I may become entitled for injury or damage and release BASE CONDITIONING its servants, agents or employees from any claims for damages or injury suffered by me as a result of my participation in the **2011 Base Conditioning Camp**.

I further state that I am in proper physical condition to participate in this event and am aware that participation could, in some circumstances, result in physical injury.

Date: \_\_\_\_\_

Signature of Participant or  
Parent/Guardian (if under 18)

# PAR-Q & YOU

## (A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly:  
Check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If  
you  
answered

### YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want—as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

### NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active—begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal—this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

#### DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of temporary illness such as a cold or a fever—wait until you feel better; or
- If you are or may be pregnant—talk to your doctor before you start becoming more active.

**Please note:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**You are encouraged to copy the PAR-Q but only if you use the entire form**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_ WITNESS \_\_\_\_\_  
or GUARDIAN (for participants under the age of majority)

