

適當使用運動適應能力問卷與水上及陸上訓練活動聲明書

當你參與運動選材部安排的訓練活動或測試時，你們的運動量會不斷提高。為確保你的身體狀況是否適合參與訓練活動及測試，請回答下列 7 條問題。如有任何疑問，請在訓練活動及測試開始前徵詢醫生意見。請仔細閱讀下列問題，然後誠實回答：

請答「是」或「否」

是(√) 否(X)

1. 醫生會否說過你的心臟有問題，以及只可進行醫生建議的運動？
2. 你進行活動時是否感到胸口痛？
3. 過去一個月內，你曾否在沒有進行運動時亦感到胸口痛？
4. 你曾否感到暈眩而失去平衡，或曾否因進行運動時失去知覺？
5. 你的骨骼或關節是否有毛病，且會因進行運動時而惡化？
6. 醫生現時是否有開血壓或心臟藥物(例如：water pills)給你服用？
7. 是否有其他理由令你不應進行運動？

如果你的答案是：

一條或以上答「是」

參與體能測試與水上及陸上訓練活動前，先致電或親身與醫生商談，告知醫生這份問卷，以及你答「是」的問題。

全部答「否」

如果你對運動適應能力問卷的全部問題誠實地答「否」，你有理由確信你可以參與體能測試與水上及陸上訓練活動。

註：如因身體健康情況轉變而在上述其中一項或以上的答案屬「是」，便應徵詢醫生的意見是否適宜進行體能測試與水上及陸上訓練活動。

本人同意參加由香港體育學院運動及選材部舉辦之體能測試與水上及陸上訓練活動，本人自願承擔及明確接受香港體育學院運動及選材部毋須為本人因參加活動、使用場地、器材或設施而可能引致的損傷或疾病的風險與責任。本人同意免除香港體育學院運動及選材部及其僱員的責任，不會因在參加活動使用場地、器材或設施而可能蒙受的損傷、疾病、死亡、遺失或傷害向香港體育學院運動及選材部賠償。本人明白香港體育學院運動及選材部毋須負上在其建築物範圍或任何活動範圍或地點內個人財物遺失或被盜的責任。

註：參加者必須在進行體能測試與水上及陸上訓練活動前填寫運動適應能力問卷，如填妥問卷後有任何疑問，請先徵詢醫生的意見，然後進行體能測試與水上及陸上訓練活動。本部份可作法律或行政用途。

姓名：_____ 身份證/護照號碼：_____

簽署：_____ 日期：_____

18 歲以下的參加者須由家長／監護人或家長／監護人授權人簽署

家長或監護人姓名及簽署：_____ 家長或監護人身份證/護照號碼：_____

見證人姓名及簽署：_____ 日期：_____

The appropriateness of PAR-Q and Water and Ground Sport Training Declaration

When you participated the Fitness Assessment, Water and Ground Sport Training holds by Hong Kong Sports Institute Talent Identification and Development Unit (TID), your exercise levels will increase gradually during the training and assessment. To ensure you are fit for the training and assessments, please read and answer the following 7 questions carefully and honestly. If there are any questions, please seek the consultation from your doctor.

Check YES or NO.

YES (✓) NO (X)

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? ?
7. Do you know of any other reason 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 assessment, water and ground sport training. Tell your doctor about the PAR-Q and which questions you answered “YES”.

“NO” to all questions

If you answered “NO” honestly to all PAR-Q questions, you can be reasonably sure that you can participate in fitness assessment, water and ground sport training.

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 cancel the fitness assessment, water and ground sport training.

I agree to participate the Fitness Assessment, Water and Ground Sport Training holds by TID. I understand the TID assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or from my participation in any of its activities, use of its venues, equipment and facilities, and expressly acknowledge. I assumes the risk for any and all injuries and illnesses which may result from participation in these activities, use of its venues, equipment and facilities. I hereby release and discharge the TID and its employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of participation in these activities, use of its venues, equipment and facilities. I understand that the TID is not responsible for personal property lost or stolen while on its premises or any other premise or location of its activities.

Remarks: Participants must fill in and return the PAR-Q before participating in any fitness assessment, water and ground sport training. Please seek your doctor’s advice if you have any concern after submitting the PAR-Q.

Signature: _____ Identity Certificate No.: _____

Name: _____ Date: _____

For participant under 18 years of age, should be signed by a parent/ guardian or person authorized by his/ her parents/ guardian

Name and Signature of Parent or Guardian: _____ Parent’s or Guardian’s Identity Certificate No: _____

Name and Signature of Witness: _____ Date: _____