

# Children Physical Activity Readiness Questionnaire & Health Screening Consent Form

Date:

The purpose of this form is to ensure that we provide every participant with the highest level of care. There are a small number of children or adolescents who may be at risk when participating in an exercise/ physical activity session. Completion of this questionnaire is mandatory and your child cannot participate in any Movement Athletics exercise session until it has been submitted to a Movement Athletics Instructor.

**Childs name:**

**Childs date of birth:**

**Parent/guardian name:**

**Current age of child:**

**Address:**

**Emergency Contact Details:**

**Name of parents/guardian/s:**

**Tel work:**

**Tel mobile:**

**Email:**

**Health Questions:**

Does your child have or has he or she ever experienced any of the following? **Please Circle**

<b>High or Low blood pressure</b>	<b>Yes</b>	<b>No</b>
<b>Elevated blood cholesterol</b>	<b>Yes</b>	<b>No</b>
<b>Diabetes</b>	<b>Yes</b>	<b>No</b>
<b>Chest pains brought on by physical exertion</b>	<b>Yes</b>	<b>No</b>
<b>Childhood epilepsy</b>	<b>Yes</b>	<b>No</b>
<b>Dizziness or fainting</b>	<b>Yes</b>	<b>No</b>
<b>A bone, joint or muscular problems with arthritis</b>	<b>Yes</b>	<b>No</b>
<b>Asthma or respiratory problems</b>	<b>Yes</b>	<b>No</b>
<b>Any sustained injuries or illness</b>	<b>Yes</b>	<b>No</b>
<b>Any allergies</b>	<b>Yes</b>	<b>No</b>
<b>Is your child taking any medication</b>	<b>Yes</b>	<b>No</b>
<b>Has your doctor ever advised your child to exercise</b>	<b>Yes</b>	<b>No</b>
<b>Is there any reason not mentioned above why any type or physical activity may not be suitable for your child?</b>	<b>Yes</b>	<b>No</b>

If answered 'YES' to any of the above questions please give full details here: \_\_\_\_\_

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**Is there anything else we should know about your child that has not been addressed in the Health questions on this form?:** \_\_\_\_\_

If your child has any known allergies, has the instructor in charge of your session been made aware of medication you are taking and where to find this?      YES      NO

In the absence of a parent/ guardian, I understand that my child is responsible for monitoring him or herself throughout any activity, and should any unusual symptoms occur, would ease participation and inform the instructor.      YES      NO

In the event that my child needs to use the toilet (and they are too young to go alone), I shall be contactable on the number provided on the daily sign in sheet and will take my child to the toilet within 5 minutes of being asked.      YES      NO

In the event that medical clearance must be obtained before my child's participation in an exercise session, I agree to contact the GP and obtain written permission prior to the commencement of the exercise activity, and that the permission is given to the instructor/ Personal trainer.      YES      NO

I understand that if my child fails to behave in a manner that is polite and social, he or she could be suspended from that particular activity.      YES      NO

### **Video/ Photography Consent**

I understand that occasionally my child may appear in promotional photography/ video clips of SED Fitness sessions and that this material may be used on Movement Athletics websites and other promotional material.

**Please "X" here \_\_\_\_\_ if photographs are NOT permitted**

In signing this form, I the parent/guardian of the aforementioned child, affirm that I have read this form in its entirety; I have answered the questions accurately and to the best of my knowledge and will inform Movement Athletics in writing of any future changes.

**I the parent/ guardian of the aforementioned child give permission for him/her to participate in Movement Athletics session and understand that the Movement Athletics Instructor/ Personal trainer taking the exercise sessions cannot be liable for any loss or personal injury.**

Parent/Guardian's Signature:

Date:

Please Print Name:

Trainers' Signature: Date: