

U18 Pre-Exercise Questionnaire

OFFICE USE ONLY
Staff ID: _____

Child Details

First Name _____ Surname _____

Gender Male Female D.O.B ____/____/____ Age _____ Height _____

Age: Teen must be 12 years of age and over Height: Teen must be minimum 150cm to participate in Cycle

Parent/Guardian Details

First Name _____ Surname _____

Address _____ Email _____

Home Ph _____ Mobile _____ Work Ph _____

Emergency Contact Details

First Name _____ Surname _____

Contact Ph _____ Relationship _____

Medical Details

1) Has a GP or specialist referred your child? Yes No *If yes, please provide GP details below.*

Doctor's Name _____ Contact Ph _____

2) Does your child have or has your child had any of the following? *Please tick and provide details below.*

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma/Respiratory Difficulties | <input type="checkbox"/> Increased Bleeding/Haemophilia | <input type="checkbox"/> Epilepsy/Seizures |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Allergies | <input type="checkbox"/> Blood Disorder |
| <input type="checkbox"/> Diabetes (Type 1 or Type 2) | <input type="checkbox"/> Joint Mobility Difficulties | <input type="checkbox"/> Physical/Mental Disability |
| <input type="checkbox"/> Fainting/Dizzy Spells | | |

3) Does your child take any medications for any of the following? *Please tick and provide medication names below.*

- | | |
|--|--|
| <input type="checkbox"/> Heart Problems _____ | <input type="checkbox"/> Epilepsy _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) |
| <input type="checkbox"/> Asthma/Respiratory Problems _____ | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Allergies _____ |

4) In the last 12 months, has your child suffered any muscular, joint or bone injuries/pain while exercising? Yes No

If yes, has this injury/pain been treated by a Doctor? Yes No *Please provide details of the injury/pain below.*

5) In the last 12 months, has your child had any surgery? Yes No *If yes, please provide details below.*

6) Are there any activities/movements your child has been told to avoid by a health care professional?

Yes No *If yes, please provide details below.*

7) Are there any other health/medical conditions that may prevent your child from participating in an exercise program that we need to be aware of?

Yes No *If yes, please provide details below.*

Current Exercise Profile (Child to complete)

1) List any exercise and/or physical activity you participate in at school.

2) List any exercise and/or physical activity you participate in out of school.

Permissions

I give permission for my child to have their photo taken during the session for marketing purposes. Yes No

I give permission for my child to be included in video recording for instructor training purposes. Yes No

Informed Consent

I hereby acknowledge that:

- The information provided above regarding my child's health is, to the best of my knowledge, correct.
- I will inform the centre immediately if there are any changes to the information provided above.
- I give my child permission to commence your physical activity program.
- If my child behaves in an inappropriate manner, my child may be asked to leave the Group Fitness session or the gymnasium.
- I will not hold Margaret River Recreation Centre responsible for any injury, loss or damage suffered by my child.
- Prior to commencement of any gym use my child is required to undertake an appraisal and personal program from one of the fitness professionals.

	12-13 years	14 years	15+ years
Specialised Teen Programs	✓	✓	✓
Gymnasium	✗	✓ Must be accompanied by an adult at all times	✓ Can attend unaccompanied

All participants must hand in an Under 18 Pre-Exercise Questionnaire before starting any exercise class or gym session.

Declaration

I acknowledge that during physical activity classes, an accident may occur involving injury or damage. In signing this form I indemnify Margaret River Recreation Centre and it's instructors from all legal actions, injury claims, loss, damage, penalties and costs arising from my child's participation in this physical activity program.

I understand the age restrictions listed above and take full responsibility for ensuring that my child, *(insert name)*

_____ adheres to them.

Signed: _____ Date: _____

Print Name: _____