

Peak Kids & Teens Consent Form



For most children physical activity provides a basis for good health and an enhanced quality of life for the future. However there are a small number of children who may be at risk when exercising and for this reason we ask that you complete this form so that we may give your child the highest level of care possible. All information you give us remains confidential.

Child's Name:	D.O.B: / /
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Name of Parent/Guardian:

Home address:	Home Ph:
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Email address:

In case of emergency

ICE 1 Name:	Number:
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ICE 2 Name:	Number:
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In the last 12 months has your child had any muscular, joint or bone pain while exercising?

	Yes / No	Details
Muscular joint or bone pain or injury?		
Has your child had surgery or been hospitalised in the last 12 months?		

Does your child suffer from or take any medications for the following: (please give details)

	Yes / No	Details
A heart condition		
Diabetes – Type 1 or 2		
Asthma		
Epilepsy		
Other		

Is there any reason preventing or affecting your child's participation in exercise? <input type="checkbox"/> YES <input type="checkbox"/> No
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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 you immediately if there are any changes to the information provided above.
- I give permission for my child to participate in Peak Fitness & Health fitness activities.

Disclaimer
I acknowledge that participating in physical activity for my child carries a risk and I accept all responsibility for that risk.

Parent/Guardian signature: _____	Date: ____/____/____
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