

TARRYN LUCAS FITNESS

Dynamite Fitness Childrens PAR-Q Screening Form

ONE FORM PER CHILD IS NEEDED

Childs Name:

Parent/ guardian Name :

Address :

Postcode :

Childs Date of Birth :

Current Age:

Emergency Contact Details:

Home:	Name and Relationship to Child:
Work :	
Mobile :	
Home:	Name and Relationship to Child:
Work:	
Mobile:	

Health Questions :

Does your child have or has he or she ever experienced any of the following	Please Circle
High or Low Blood Pressure	Y/N
Elevated blood cholesterol	Y/N
Diabetes	Y/N
Chest pains brought on by physical exertion	Y/N
Childhood epilepsy	Y/N
Dizziness or fainting	Y/N
A bone, joint or muscular problems with arthritis	Y/N
Asthma or respiratory Problems	Y/N
Any sustained injuries or illness	Y/N
Any allergies	Y/N
Is your child taking any medication	Y/N
Has your doctor ever advised your child to exercise	Y/N
Is there any reason not mentioned above why any type or physical activity may not be suitable for your child	Y/N

If answered yes to any of the questions on the previous page please give full details here :

Any Special Dietary Needs for your Child ?

Do you allow for Tarryn Lucas Fitness / Dynamite Fitness / Motivate to train to use photos of your child / children for advertising purposes, newsletters, websites , social media etc

Yes or No – Please circle

In signing this form, I the parent / guardian of the aforementioned child, affirm that I have read this form in its entirety and I have answered all the questions accurately and to the best of my knowledge.

I understand that my child is responsible for monitoring him or herself throughout any activity, and if any unusual symptoms occur, would ease participation and inform the instructor.

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I understand that if my child is under the age of six years, I the parent/guardian am responsible for monitoring him or her within their activities.

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 be given to the instructor.

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.

Parent/guardian's signature:

Please print name:

Date:

Email address: