

CHILDREN/YOUNG ADOLESCENT PRE ACTIVITY QUESTIONNAIRE



The purpose of this form is to ensure we provide every child/ adolescent with the highest level of care.

PARTICIPANTS DETAILS:

Name: _____ DOB: _____ M F

Name/s of parent/s or guardian/s: _____

Home Address: _____

Home ph: _____ Work ph: _____ Mobile: _____

EMERGENCY CONTACT (ideally the emergency contact should be different to the parent/guardian):

Name: _____ Contact ph: _____

Please note: In case of a medical emergency, an ambulance may be used to transport your child to the nearest medical treatment service.

PARTICIPANTS HEALTH

1. Has your child had surgery in the previous 12 months? Yes No

If yes, please explain: _____

2. Does your child take any medications (please name medication and condition taken for. Includes asthma medication and diabetes medication): _____

3. If your child is taking any medication, please state if there are any side effects experienced as a result of taking this medication: _____

4. Are you aware of any medical reason/condition which might prevent your child from participating in an exercise program? Yes No

If yes, please explain: _____

5. Does your child have, or has your child had any of the following: (please tick any applicable)

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A heart condition |
| <input type="checkbox"/> | <input type="checkbox"/> | High blood pressure |
| <input type="checkbox"/> | <input type="checkbox"/> | High cholesterol |
| <input type="checkbox"/> | <input type="checkbox"/> | Unexplained coughing during or after exercise |
| <input type="checkbox"/> | <input type="checkbox"/> | Breathing problems or shortness of breath (for example, asthma, emphysema) |

Details: _____

PLEASE TURN OVER

6. Does your child experience or has your child ever experienced any of the following: (please tick any applicable)

YES NO

- Epilepsy or seizures/convulsions
 Fainting or Dizzy spells
 Heat stroke/heat-related illness
 Increased bleeding tendency/haemophilia
 Other (please specify): _____

Details: _____

7. Does your child have, or has your child had, an eating disorder? Yes No

8. In the last six months, has your child had any muscular, joint or bone pain while exercising? Yes No

If yes, please explain and indicate where the pain has occurred (eg. 'pain in the back of the right heel'):

Has a doctor treated this pain? Yes No

9. Has your child broken any bones or suffered injury to their bones in the last 12 months Yes No

Details: _____

10. Is your child allergic to food, medications, pollens or other allergens or specific environment (If yes, please explain what causes have been identified with this/these allergy/ies): _____

INFORMED CONSENT

I hereby acknowledge that: (please tick)

- 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 including changes to the health of my child
- I give permission for my child to commence your physical activity program.
- I understand that my child participates in the fitness centre activities at his/her own risk and should not hold the Eaton Recreation Centre or any of its staff responsible for any injury or harm that may occur during activities within these premises.

I **give/do not give** permission for my child to be photographed by ERC staff. I understand the photo/s may be used for promotional purposes (including online and social media) and on marketing material that may be distributed to the general public.

Parent/Guardian signature: _____

Date: _____

ERC Fitness professional: _____

Date: _____

How did you hear about our #teenfit program (please tick)?

- I'm a previous participant In-centre advertising Word of mouth Newspaper
 Facebook Website

COMMUNICATION: As part of your enrolment, we will contact you from time to time in regards to news, events, special promotions and information pertaining to the Eaton Recreation Centre. We hate spam and junk mail as much as you so you can be assured your contact details WILL NOT be provided or sold to any third party under any circumstances **Opt out**