

Top Body *Strength & Fitness*

Children's Fitness & Health Questionnaire (10 - 16 yrs)

Child's Name:
Current Age:

Date of Birth:

Address:

Postcode:

Name of Parent / Guardian:

Emergency Contact Numbers:

Home

Name:

Relationship to Child:

Mobile:

Name:

Relationship to Child:

Work:

Name:

Relationship to Child:

HEALTH QUESTIONS

Does your Child have, or have they 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 problem or arthritis	Y / N
Asthma or other respiratory problems	Y / N
Any sustained injuries or illnesses	Y / N
Any allergies	Y / N
Is your child taking any medication	Y / N
Has your Doctor ever advised your child not to exercise	Y / N
Is there any reason not mentioned above why any type of physical activity may not be suitable for your child?	Y / N

If you answered YES to any of the above questions please provide full details below:

Does your Child have any special dietary needs?

Y / N

If Yes please state here:

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

I understand that my child is responsible for monitoring how they feel throughout the exercise session. He or she should understand that if they feel unwell or experience any unusual symptoms, they must cease participation and inform the Instructor immediately.

I understand that if my child is below the age of six years, I, as his or her parent/guardian am responsible for monitoring them during the exercise session.

In the event that medical clearance has to be obtained prior to my child's participation in the exercise session, I agree to contact their GP and obtain written permission prior to the commencement of the exercise activity and to pass this permission 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 or Guardian Signature:

Please print name:

Date:

Staff Signature:

Member No.