



Azcend Fitness - Children's PAR-Q Screening Form

To be completed for Children 17 and under, by the parent/guardian.

Child's name:

Parent/Guardian name:

Address:

Postcode:

Child's Date of Birth:

Current Age:

Email address: -

Mobile: -

Emergency Contact Name & Number: _____

GP Surgery and Telephone Number: _____

Health Questions: - Does your child have or has he or she ever experienced any of the following?

1. Please Circle High or Low Blood Pressure Y / N
2. Elevated blood cholesterol Y / N
3. Diabetes Y / N
4. Chest pains brought on by physical exertion Y / N
5. Childhood epilepsy Y / N
6. Dizziness or fainting Y / N
7. Any bone, joint or muscular problems such as arthritis Y / N
8. Asthma or respiratory Problems Y / N
9. Any sustained injuries or illness Y / N
10. Any allergies Y / N
11. Is your child taking any medication Y / N
12. Has your doctor ever advised your child to not exercise Y / N
13. Is there any reason not mentioned above why any type or physical activity may not be suitable for your child Y / N

If you have answered 'YES' to any of the above questions please give full details here and seek medical clearance prior to the session.



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 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 should any unusual symptoms occur, my child understands the importance of informing the instructor immediately.

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.

PLEASE GO THROUGH OUR 'GOLDEN RULES' WITH YOUR CHILD

- To listen, respect others and not be rough as we have varied age groups.
- To encourage and praise peers.
- Toilet breaks will be instructed but if you need to go, please ask.
- To work as hard as you can and have fun!
- No cheating will be tolerated.
- Bring a banana or piece of fruit to finish on.

Parent/guardian's signature: _____

Please print name: _____

Date: _____

Health Questions - Does your child have or has he/she ever experienced any of the following?

1. Please (circle) High or Low Blood Pressure Y \ N
2. Elevated blood cholesterol Y \ N
3. Diabetes Y \ N
4. Chest pains brought on by physical exertion Y \ N
5. Childhood epilepsy Y \ N
6. Previous use of inhalers Y \ N
7. Any bone, joint or muscular problems such as arthritis Y \ N
8. Asthma or respiratory Problems Y \ N
9. Any sustained injuries or illness Y \ N
10. Any allergies Y \ N
11. Is your child taking any medication Y \ N
12. Has your doctor ever advised your child to not exercise Y \ N
13. Is there any reason not mentioned above why any type of physical activity may not be suitable for your child Y \ N

If you have answered 'YES' to any of the above questions please give full details here and seek medical clearance prior to the session.