



BLACKOUT

FUNCTIONAL FITNESS & PERSONAL TRAINING

TEEN PRE-EXERCISE QUESTIONNAIRE

The purpose of this form is to ensure we provide every teen/child with the highest level of care BLACKOUTFFPT can possibly give.

PARTICIPANTS DETAILS:

Name:----- DOB: ----- o M o 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? o Yes o 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. Are you aware of any medical reason/condition which might prevent your child from participating in an exercise program? o Yes o No

If yes, please explain:-----

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

YES NO

◆ ◆ A heart condition

◆ ◆ High blood pressure

◆ ◆ High cholesterol

◆ ◆ Unexplained coughing during or after exercise

◆ ◆ Breathing problems or shortness of breath (for example, asthma, emphysema)

Details:-----



BLACKOUT



FUNCTIONAL FITNESS & PERSONAL TRAINING

5. 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:-----

6. 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 back of the left knee pain in right knee etc):

Has a doctor treated this pain? Yes No

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

Details:-----

8. Is your child allergic to food, medications, pollens or from a specific environment (If yes, please explain)

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 including changes to the health of my child

I give permission for my child to commence a physical activity program with BLACKOUTFFPT.

I understand that my child participates in the fitness centre activities at his/her own risk and will not hold BLACKOUTFFPT or their 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 BLACKOUTFFPT staff. I understand the photo/s may be used for promotional purposes (including online and social media)

Parent/Guardian signature:----- Date:-----

BLACKOUTFFPT STAFF:----- Date:-----

