

BLACKOUT



FUNCTIONAL FITNESS & PERSONAL TRAINING

TEEN PRE-EXERCISE QUESTIONNAIRE

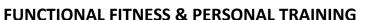
The purpose of this form is to ensure we provide every teen/child with the highest level of care BLACKOUTFFPT can possibly give.

PARTICIPANTS DETAILS:			
Name:	DOB:	о М о	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 t	o the parent/guardian)):
Name: Contact p	h:		-
Please note: In case of a medical emergency, an ambul medical treatment service.	ance may be used to	transport your child to	the nearest
PARTICIPANTS HEALTH			
1. Has your child had surgery in the previous 12 month	o's?	Yes o No	
If yes, please explain			
2. Does your child take any medications (please name medication and diabetes medication):			
3. Are you aware of any medical reason/condition which program?		ır child from participatiı Yes o No	ng in an exercise
If yes, please explain:			
4. Does your child have, or has your child had any of th	ie following: (please t	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 ex-	ample, asthma, emp	hysema)	
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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? o Yes o 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? o Yes o No 7. Has your child broken any bones or suffered injury to their bones in the last 12 months o Yes o 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

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

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

be used for promotional purposes (including online and social media)

I give/do not give permission for my child to be photographed by BLACKOUTFFPT staff. I understand the photo/s may