

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Gender: M    F                      DOB: \_\_\_\_\_                      Age: \_\_\_\_\_

Phone: \_\_\_\_\_                      Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_                      Mobile: \_\_\_\_\_                      Home: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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|---|---|--|
| Y | N | 1. Has your doctor ever said that your child has a heart condition and that your child should only do physical activity recommended by a doctor?           |
| Y | N | 2. Does your child ever experience chest pain during physical activity?  |
| Y | N | 3. Does your child ever lose balance because of dizziness or do they ever lose consciousness?  |
| Y | N | 4. Does your child have a history of epilepsy or seizures?   |
| Y | N | 5. Does your child have a bone or joint problem that could be made worse by a change in their physical activity participation?                             |
| Y | N | 6. Does your child have uncontrolled asthma (i.e. asthma that is not easily controlled by an inhaler)?   |
| Y | N | 7. Is your doctor currently prescribing any medication for your child?   |
| Y | N | 8. Do you know of any other reasons why your child should not undergo physical activity? This might include diabetes, a recent injury, or serious illness. |

**If you answered 'YES' to any of the above questions medical clearance from your child's physician may be required. Please give details to any of the above questions answered with "Yes" here:**

**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, any should any unusual symptoms occur, would ease participation and inform the instructor.**

**If medical clearance must be obtained before my child's participation in an exercise session, I agree to contact the child's physician and obtain written permission prior to the commencement of the exercise activity, and that the permission be given to the instructor.**

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Parent/Guardian's Signature

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Date

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Please print name

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Staff Signature

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Date