



Children PAR-Q Screening Form

Childs name: Current age: DOB

Parent/guardian name:

Address: Postcode:

Emergency Contact Details:

Home: Name and relationship to child:

Work: Name and relationship to child:

Mobile: Name and relationship to child:

Health Questions:

Does your child have or has he or she 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 problems with arthritis Y / N

Asthma or respiratory Problems Y / N

Any sustained injuries or illness Y / N

Any allergies Y / N

Is your child taking any medication Y / N

Has your doctor ever advised your child to exercise Y / N

Is there any reason not mentioned previously why any type or physical activity may not be suitable for your child Y / N

If answered 'YES' to any of the above questions please give full details here:

Any Special dietary needs for your child?

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, would ease participation and inform the instructor.

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.

I understand that Boom staff members may take photos and record videos during sessions for advertisement purposes. Please write a statement at the bottom of this for if you DO NOT wish for any of the images and videos of your child to be used publically.

Parent/guardian's signature:

Please print name:

Date:

Email address: