

[Insert Company Logo]

**Physical Activity Readiness Questionnaire  
&  
Liability Waiver (Informed Consent)**

**PLEASE COMPLETE IN BLOCK CAPITAL LETTERS:**

CHILD'S DETAILS			
Which Venue?		Which City?	
First Name		Surname:	
Date of Birth:			
PARENTAL OR LEGAL GUARDIAN'S DETAILS			
First Name:		Surname:	
Address:			
Postcode:		Email:	
Date of Birth:		Occupation:	
Tel (Home):		Tel (Mobile):	
In Case of Emergency (ICE): Contact Name & Tel:			
Where did you hear about us?			

PLEASE ANSWER THE FOLLOWING QUESTIONS AND SIGN OVERLEAF:	YES	NO
1. Has your medical professional ever said your child has heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your child ever had pains in their chest?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child often feel faint or have spells of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has a medical professional said your child's blood pressure is too high?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a medical professional said that your child might have bone or joint problems, such as arthritis, that has been aggravated by exercise or might be made worse with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your child been in hospital in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is your child currently taking any medication? If 'Yes' what medication does your child take?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your child suffer from asthma or breathing difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your child suffer from diabetes or epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your child suffer from an allergy?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there a good physical reason not mentioned here why your child should not participate in this event?	<input type="checkbox"/>	<input type="checkbox"/>

[Company Slogan]	<b>Company Name:</b> Address Line 1, Address line 2. <b>Tel:</b> 0000 000 0000; <b>Company No.:</b> 1234567
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**If you have answered 'YES' to one or more questions:**

1. If you have not recently done so, consult with your medical professional before increasing your child's level of physical activity and present this form to your medical professional and/or
2. If in any doubt, seek your medical professional's advice as to your child's suitability for supervised physical activity that progresses gradually.

**LIABILITY WAIVER (INFORMED PARENTAL/GUARDIAN CONSENT)**

In consideration of being allowed to participate in the activities of [Company Name] and to use the facilities and equipment owned and/or under the control of [Company Name], I do hereby waive, release and forever discharge [Company Name] from any and all responsibility or liability for injuries or damages resulting from my child's participation in any activities or his/her use of equipment or facilities in the above mentioned activities.

In addition [Company Name] cannot accept responsibility for valuables left in instructor's vehicles.

Parent/Guardian Name:	_____	Parent/Guardian Signature:	_____	Date:	_____
Instructor Name:	_____	Instructor Signature:	_____	Date	_____

*Please bring this form along with you to your first free session.*

**WE LOOK FORWARD TO YOU AND YOUR FAMILY JOINING US IN THE  
VENUE**

[Company Slogan]

**Company Name:** Address Line 1,  
Address line 2.

**Tel:** 0000 000 0000; **Company No.:** 1234567