Important Information for parents/guardians/FFIT Members

The purpose of this form is so that Fitness First will be aware of any heightened risk of injury by your child participating in physical activity. For most children and adolescents, physical activity provides an opportunity to have fun and promotes the basis for good health and an enhanced quality of life for the future. However there are a small number of children or adolescents who may appear to be at risk when participating in an exercise/physical activity program. We therefore ask that you read and complete this questionnaire carefully and return it to the appropriate staff member in charge. The information contained in this form is confidential and is subject to the laws and regulations contained in the privacy laws enacted in December 2001. **FFIT is a free service offered to students aged 14-18yrs.**

Fitness First

☐ *Induction completed*
☐ *Card number* _____

Name: _____ DOB: _____ M ☐ F ☐

Height: _____ Weight (kg): _____ BMI: _____ (if known)

How old was your child at January 1 this year? _____

Name/s of parent/s or guardians/s: _____

Home Address: _____

Contact Number: (Hm) _____ (Wk) _____ (Parent/Guardian Mob) _____

(Student Mob) _____ Email: _____

I give permission for Fitness First to send me marketing material in relation to FFIT holidays: Y ☐ N ☐

Please note: In case of a medical emergency, an ambulance may be used to transport your child to the nearest medical treatment service.

1. Does your child have, or has your child had: (please tick)

☐ A heart condition (please specify) _____
☐ Diabetes (Type I or Type II – please specify) _____
☐ High cholesterol
☐ Breathing problems or shortness of breath (eg. Asthma, emphysema)
☐ Fainting/dizzy spells
☐ Increased bleeding/haemophilia
☐ Cystic Fibrosis
☐ High Blood Pressure (when was it last taken)
☐ Unexplained coughing during or after exercise
☐ Epilepsy or seizures/convulsions
☐ Heat stroke/heat related illness

2. Does your child take any medications for: (please name)

Heart problem _____ Epilepsy _____
Diabetes _____ Attention deficit disorder(ADD) _____
Asthma/breathing problems _____ Allergies _____
Other (please specify) _____

Fitness First will not administer any medication to your child.

3. Does your child have, or has your child had, an eating disorder? Yes ☐ No ☐

4. a) In the last 6 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 the back of the right heel' or 'pain on the inside of the right elbow') _____

4. b) Has this pain been treated by a doctor? (Please tick) Yes ☐ No ☐

5. Has your child broken any bones or suffered injury to bones in the last 12 months? Yes ☐ No ☐

Where and how did the break/injury occur? _____

6. Does your child have, or has your child had difficulty/problems with any of the following? (Please tick)

Vision ☐ Motor sensory skills ☐ Hearing ☐ Poor balance/instability ☐ Speech/language ☐ Sleep apnoea ☐

7. Has your child ever experienced a brain or spinal injury? (Please tick) Yes ☐ No ☐

8. Does your child have any of the following chronic disability of chronic illness? (Please tick)

Cerebral palsy ☐ Hyper mobility ☐ ADHA ☐ Obesity ☐ Downs Syndrome ☐ Intellectual impairment ☐

Other (please specify) _____

9. Does your child have any allergies? (Please tick) Yes ☐ No ☐

If yes, please explain what causes have been identified with this/these allergy/ies:

_____

10. Has your child had surgery in the last 12 months? (Please tick) Yes ☐ No ☐

11. Is there a medical reason/condition which might prevent your child from participating in an exercise program? (Please tick) Yes ☐ No ☐

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.
- I give permission for my child to commence your physical activity program and consent to Fitness First using my child's image in association with any promotion or media coverage of the "FFIT Holidays Program".
- FFIT members under the age of 16 years are not permitted to use free weights or strength equipment.
- Fitness First is not providing a supervised holiday program for my child.
- Fitness First is offering my child the opportunity to participate in programmed group fitness classes in its premises and the use of cardiovascular fitness equipment.
- If my child behaves in an inappropriate manner (including damaging equipment, being rowdy etc) my child may be asked to leave the Fitness First facility.
- I will not hold Fitness First responsible for any injury, loss or damage suffered by my child if my child leaves Fitness First premises.

Disclaimer

I acknowledge that during physical activity classes, an accident may occur involving injury or damage. In signing this form I indemnify Fitness First and it's instructors from all legal actions, injury claims, loss, damage, penalties, costs arising from my child's participation in this physical activity program.

Parent/Guardian Signature: _____ Date: _____

Fitness Professional Signature: _____ Date: _____

Approved to commence physical activity program (please tick) Yes ☐ No ☐

Fitness First Representative Signature: _____ Date: _____

Signatures:

Parent/Guardian: _____ Date: _____

FFIT induction completed (signed PTM) _____ Date: _____

Administration only: Referral to Medical Practitioner

Parent/Guardian ticked any box in Questions 1 to 3	>>	Suggest referral to Medical Practitioner
Parent/Guardian ticked any box in Questions 4-11	>>	Possibly refer to a Medical Practitioner or Appropriate allied health professional**
Parent/Guardian ticked no box	>>	Cleared to participate in physical activity program

**Name and title of allied health professional child/adolescent is referred to: _____