

Physical Activity Readiness Questionnaire

There are many health benefits to be gained when your child exercises regularly. However, before your child increases their level of physical activity, it is advised to look at their current health status.

Child's Title:	Child's First Name:	Child's Surname:
Course(s) Attending:		

Please read the questions carefully and circle which YES/NO response is most suitable to your child.

1. Has your doctor ever said that your child has a heart condition? YES / NO

[If yes please provide details]

2. Has your child recently had chest pains brought on by exercise? YES / NO

[If yes please provide details]

3. Does your child often feel faint or have spells of severe dizziness? YES / NO

[If yes please provide details]

4. Is your child currently receiving treatment/medication from your Doctor for high blood pressure? YES / NO [If yes please provide details]

5. Does your child have bone or joint problems that could be aggravated by exercise? YES / NO [If yes please provide details]

6. Is your child short of breath after extremely mild exertion? YES / NO [If yes please provide details]

8. Is your child diabetic Type I or Type II? YES / NO [If yes please provide details]

9. Has your child undergone recent surgery? YES / NO [If yes please provide details]

10. Do you feel there is any reason why your child should not participate in an activity programme? YES / NO [If yes please provide details]

If you answered YES to more than one question it is important to establish exercise implications, and we strongly advise that you consult with your child's Doctor before beginning any exercise programme

I do confirm that the above answers are correct, at this precise moment, to the best of my knowledge and belief.

I will ensure that I inform staff/trainer at once if any of the above information changes.

I know of no reason why my child should not start an exercise programme.

I agree that any health and fitness induction or training session my child may participate in is in no way a substitute for a full medical examination.

I agree that my child will not use any piece of equipment without receiving full instructions beforehand in its use from a member of staff.

I agree that in signing this document I also sign to say I understand that my child shall take part in any recommended programme entirely at my/their own risk and waive any legal recourse against the instructor and Queen's Sport for any personal injury, loss or damage sustained by me, my child or any other person arising from my/my child's participation.

Signature

Date

Appendix 2. Informed Consent Form

**INFORMED CONSENT FORM
PHYSICAL FITNESS PROGRAM**

Name: _____ Phone: _____

Address: _____

In Case of Emergency, contact _____ Telephone: _____

GENERAL STATEMENT OF PROGRAM OBJECTIVES AND PROCEDURES:

I understand that this physical activity programme includes exercises that may include aerobic activities (walking, running, skipping), speed/plyometric exercises, stretching and resistance exercises using both bodyweight and exercise equipment.

DESCRIPTION OF POTENTIAL RISKS:

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise, which may include abnormalities of blood pressure. Use of the weight lifting equipment, and engaging in heavy lifting may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression and safety procedures are not followed.

I understand and warrant, release and agree that I am in good physical and mental condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate (other than those items fully discussed on health history form.)

I state that I have had a recent physical check-up and have my personal physician's permission to engage in physical activity programmes.

DESCRIPTION OF POTENTIAL BENEFITS

I understand that a program of regular exercise for the heart, lungs, muscles and joints, has many benefits associated with it. These may include a decrease in body fat, improvement in blood pressure, improvement in physiological function, and decrease in risk in heart disease.

I have read the foregoing information and understand it. Any questions that may have occurred to me have been answered to my satisfaction.

Signature of Participant: _____ Date: _____

Signature of Witness: _____ Date: _____