

MINOR PRE-EXERCISE QUESTIONNAIRE

SUTHERLAND SHIRE



LEISURECENTRES

A business unit of Sutherland Shire Council

Important information for parents / guardians

The purpose of this form is to ensure we provide every child and / or adolescent with the highest level of care. For most children, physical activity provides an opportunity for children and adolescents 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 be at risk when participating in an exercise / physical activity program. We ask therefore your read and complete this questionnaire carefully and return it. The information contained in this form is confidential.

PERSONAL DETAILS

Name: _____ M / F _____ Please Circle
D.O.B: _____
Home Address: _____
Suburb: _____ Postcode: _____

Please provide the contact detail of the parent/s or guardian to be phoned if there is an emergency.

Name: _____ Contact Number: _____

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

QUESTIONNAIRE

Does your child have, or has your child ever had:

1. A heart condition Yes / No

Please specify if indicating Yes

2. Diabetes (Type I or Type II) Yes / No

Please specify if indicating Yes

3. Breathing problems or shortness of breath
(For example, asthma, emphysema) Yes / No

Please specify if indicating Yes

4. Cystic fibrosis, epilepsy or seizures / convulsions Yes / No

Please specify if indicating Yes

5. Does your child take any medications for any condition. Yes / No
Please specify if indicating Yes

6. Has your child broken any bones or suffered an injury to their bones in the last 12 months. Yes / No
Please specify if indicating Yes

7. Are you aware of any medical reason / conditions which may prevent your child from participating in an exercise program 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 participate in a physical activity program provided by Sutherland Shire Leisure Centres.

Parent / Guardian

Sign here:

Date:

In consideration of the grant of entry to your child, entitling your child to engage in fitness activities, you hereby:

- Agree, to the extent permitted by law, to not hold Sutherland Shire Council, Sutherland Leisure Centres, it's staff or agents liable for any action, suits, proceedings, claims, demands, losses, damages, penalties, fines, costs or expenses however arising from or in connection with your involvement in fitness activities in Sutherland Shire Leisure Centres or using our facilities, services or products.
- Agree that you will indemnify Sutherland Shire Council, Sutherland Leisure Centres, it's staff or agents to the extent permitted by law in respect of all actions, suits, proceedings, claims, demands, losses, damages, penalties, fines, costs or experiences however arising as a result of or in connection with your involvement in fitness activities in the Sutherland Shire Leisure Centres or from using our facilities, services or products.

I acknowledge and accept the conditions and guidelines and agree to abide by the rules of the Sutherland Shire Leisure Centres.

Parent / Guardian

Sign here:

Date:
