

Exercise and Physical Activity Readiness Assessment for Children and Adolescents

The purpose of this form is to ensure that we provide every PCYC Gym + Fitness participant with the highest level of care. For most children, physical activity provides an opportunity to have fun and promotes the basis for good health. However there are a small number of children or adolescents who may be at risk when participating in an exercise/physical activity program. **Completion of this questionnaire is mandatory and your child cannot participate in any PCYC Gym + Fitness programs or activities until it has been submitted and reviewed by our qualified staff.** The information contained in this form is confidential and is subject to the regulations of the Privacy Act.

PERSONAL DETAILS

Name: _____ D.O.B: ___/___/_____ Gender: Male Female
 Height: _____ cm Weight: _____ kg How old was your child as of January 1st: _____
 Name/s of Parent/s or Guardian/s: _____
 Has a GP or Specialist referred your child? _____
 Doctor's name: _____ Contact Ph: _____

ASSESSMENT

1. Does your child have, or has your child had:

Heart Condition (please specify)	
Cystic Fibrosis	
Diabetes (Type I or Type II) – please specify	
High Blood Pressure (specify when last taken)	
High Cholesterol	
Unexplained coughing during exercise	
Breathing problems or shortness of breath	

2. Does your child take any medications? (please name type and condition)

3. If your is taking medication, please state if there are any side effects experienced as a result of taking this medication:

4. In the last six months, has your child had any Muscular or Joint pain? Yes No

a. If yes, please explain and indicate where the pain has occurred and if a Doctor has treated it:

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

a. If yes, please explain and indicate where the break occurred and if a Doctor has treated it:

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

Vision		Motor Sensory Skills	
Hearing		Poor Balance/Instability	
Speech/Language		Sleep Apnoea	

7. Are you aware of any medical reason/condition which might prevent your child from participating in an exercise program? Please explain:

PCYC CARES ABOUT YOUR CHILDS HEALTH *Please note that following your completion of the EXPAPA, if in our assessment of the risk factors we deem a medical clearance is required, access to PCYC Gym + Fitness facilities will not be permitted until a clearance certificate from a general practitioner is received by the centre

INFORMED CONSENT

I hereby acknowledge that:

- The information provided above regarding my child's health is, to the best of my knowledge and correct.
- I will inform you immediately if there are any changes to the information provided above.
- I give permission for my child to commence PCYC Gym + Weights activities and programs.

I _____ Parent/Guardian of _____ Aged: _____

Give my consent for my son/daughter or ward whose information is listed, to access the PCYC Weights room & /or Fitness classes. I hereby certify that the above participant is in normal health and capable of safe participation in this fitness program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to & from the facility. I hereby authorise PCYC to obtain medical treatment for the participant listed above in the event that a parent or the emergency contact cannot be reached. I understand that my son/daughter/ward enters into any exercise program using the facilities at his/her own risk & I hereby indemnify PCYC NSW for any injury or damages which may arise from his/her participation or any known or unknown medical conditions whilst in the PCYC Weights Room &/or Fitness Classes. I understand that my son/daughter/ward will have to or has completed a Personal Induction by a qualified trainer at the PCYC to use the Weights Room.

I understand that a fitness trainer is not always in attendance in the Gym and that it is my responsibility to ensure that my son/daughter has a current exercise program.

Signed:

Date:

INDUCTION

- An orientation / induction is required for all participants age 14 – 17 years, parental consent is required prior to participation in a PCYC Gym + Fitness activity
- If you require an induction / orientation prior to participation in a PCYC Gym + Fitness program please enquire with PCYC reception staff

• Date of induction ___/___/_____ Trainer/Instructor: _____