

Winners 2000 Junior Fitness Club Client Screening and Informed Consent



ALL FIELDS MUST BE FILLED IN

Child's Full Name:.....

Your Relationship to child:

Child's Date of Birth:.....

Address:

.....
.....
.....

Post Code.....

Tel (Home):

Tel (Work):

Tel (Mobile):

E-Mail Address

In the advent of an emergency, please ensure you remain contactable for the entire duration of each session.

Please answer the following (by parent/guardian for child:

All questions are related to the **CHILD**

	Yes	No
1. Have you exercised before?	[]	[]

2. Are you accustomed to regular physical activity?	[]	[]
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3. Has your GP ever advised you against exercise?	[]	[]
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4. Are you recovering from an illness or operation?	[]	[]
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5. Are you on any medication?	[]	[]
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If so, what is it for?

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	Yes	No
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1, Do you suffer with:

High Blood Pressure?	[]	[]
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Low Blood Pressure?	[]	[]
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Heart Condition?	[]	[]
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Diabetes?	[]	[]
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Asthma? (Inc Exercise-induced)	[]	[]
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Epilepsy?	[]	[]
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	Yes	No
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2. Do you have any problems with your:

Back	[]	[]
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Neck	[]	[]
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Hips?	[]	[]
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Knees?	[]	[]
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Other Joints?	[]	[]
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If so, what are they?

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Please answer the following:

	Yes	No
3. Do you currently have any muscular injuries?	[]	[]

4. Is there any other physical reason not mentioned here why you should not undertake exercise?	[]	[]
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5. Is there any other information or problems that you feel may be relevant to you undertaking exercise?	[]	[]
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6. Have you used Resistance Machines before?	[]	[]
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7. Have you used Free Weights before?	[]	[]
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8. Have you undertaken Free Exercises (no weights) before?	[]	[]
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For press releases and promotional material we may use photographs of the children exercising. For legal reasons we need your consent for this. If you **do not wish** your child to be photographed by our instructors please tick this box.

Health and Safety. (Please tick to confirm you have discussed with your child and they understand the following)

I have read and understood terms and conditions of this program.

Do not touch any windows, they are to be opened by staff only.

Use machinery only that you have been instructed on by a qualified instructor. Winners 2000 cannot be responsible for any injury you sustain whilst using equipment or carrying out an activity that we have not recommended for you.

I hereby confirm that my child is fit to undertake an exercise program, and I will not hold Winners 2000 Fitness Limited or any instructors/coaches from the Lion's program responsible for any personal injury or illness suffered through the undertaking of a fitness program or fitness assessment, whether occurring during participation in an activity or not. I agree that I have been given the opportunity to ask questions and I am satisfied that they have all been answered. I am fully aware of the dangers of exercise and accept total responsibility for the exercise programs I undertake. I confirm that I am happy to start an exercise program.

Signed:

Your Name:

For Child:

Date: