

Pre-Activity Questionnaire

(Under 18 years old)

Childs Name:

Parent/Guardians Name:

Address:

Post code:

Phone: (h)

(m)

Parent/Guardians E-mail:

Childs Date of Birth:

Sex (M or F):

How did you hear about us?

Emergency Contact

Name:

Relation:

Phone Number:

Medical Information

Please circle which answer applies to your child below:

Current illness/infectious disease

YES

NO

High blood pressure

YES

NO

High cholesterol/triglycerides

YES

NO

Pain/tightness in the chest

YES

NO

Heart condition or stroke	YES	NO
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Diabetes	YES	NO
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Epilepsy/fainting/dizziness	YES	NO
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Breathing difficulties/asthma attacks	YES	NO
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If you answered yes to any of the above please provide further details:

Does your child have any current injuries?	YES	NO
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If yes, what type of injury/s:

Is your child seeking advice from a medical practitioner?	YES	NO
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If yes, name of practitioner:

Company:

Has your child had any previous injuries that are restrictive during exercise?	YES	NO
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If yes, please provide details:

Is there anything else we should know before your child participates in an exercise session?

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

Make the most of your families Linked experience...

At Linked we have a holistic approach to health and fitness so please indicate if you would like to be notified about what else we have to offer:

- | | | | |
|-----------------------------|--------------------------|-----------------------|--------------------------|
| Nutrition, food and recipes | <input type="checkbox"/> | Seminars | <input type="checkbox"/> |
| Training Challenges | <input type="checkbox"/> | Family fitness events | <input type="checkbox"/> |
| Health Retreats | <input type="checkbox"/> | Corporate Training | <input type="checkbox"/> |

STATEMENT

By signing this form I acknowledge that:

- The information I have provided above relating to my Childs health is correct.
- I will inform Linked – Training and Nutrition immediately if this information changes.
- I understand and assume full responsibility for the risks of any and all injuries, damages or loss, regardless of severity, that my child may sustain as result of participation at Linked – Training and Nutrition.
- I agree not to bring any claim, legal or otherwise against Linked – Training and Nutrition, its officials, agents, volunteers and employees, in respect of or arising out of any injury, damage, loss or death caused to my child or their property in anyway.
- I give permission for Linked – Training and Nutrition to use any multi media content of my child for advertising purposes.
- I give permission to be added to the mailing list for Linked - Training and Nutrition.
- I give informed consent for my child to participate at Linked – Training and Nutrition.

Parent/Guardian Signature:

Date:
