

Parent / Guardian Consent Form – Club Kelburn Squash & Fitness

Minors (Under 16) Pre – screening form

For most children physical activity provides a basis for good health and an enhanced quality of life for the future. However, there are a small number of children who may be at risk when exercising and for this reason, we ask that you complete this form so that we may give your child the highest level of care possible.

All information you give us remains confidential.

Name of child:	DOB:
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Names of parents or guardians:

Home address:	Phone:
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Email address:	
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Emergency Contacts

Name:	Relationship to minor:	Number:
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Name:	Relationship to minor:	Number:
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Please note that in the case of a medical emergency, your child may be transported to the nearest medical treatment service.

In the last 12 months has your child had any muscular, joint or bone pain while exercising?

	No/Yes	If yes please give details
Muscular, joint or bone pain or injury?		
Has your child had surgery or been hospitalized in the last 12 months?		

Does your child suffer from or take any medications for the following? (please give details)

	No/Yes	Details
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A heart condition	
Diabetes – Type I or II	
Asthma	
Epilepsy	
Other	

Is there any reason preventing or affecting your child's participation in exercise?

- Yes

Details:

- No

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 Club Kelburn fitness activities. **Disclaimer:** I acknowledge that my child participating in physical activity carries a risk and I accept all responsibility for that risk.

Please return this completed form to admin@clubk.co.nz or in-person at reception **prior** to your child starting a membership.

Parent/Guardian Signature:
Date:/...../.....