



★ PAR-Q

Children's Physical Activity Readiness Questionnaire and Health Screening Consent form

The purpose of this form is to ensure that we provide every participant with the highest level of care. There are a small number of children or adolescents who may be at risk when participating in an exercise/physical activity session. Completion of this questionnaire is mandatory and your child / children cannot participate in any exercise session until it has been completed and submitted to the Poynton Dippers Welfare Officer Rosa Archer. The safety of our members is of great importance to us. The majority of our members are children, we therefore ensure all our coaches have up to date DBS and Safeguarding certificates. We implement the Swim England Wave Power policies on welfare. Exercise sessions are provided by Poynton Dippers coaching team member Chris Ormiston and David Miles (level 2 Gym Instructor & Level 3 Personal Trainer)

Date: _____

Child's name _____

Child's date of birth _____

Parent/Guardian name _____

Current age of child _____

Address _____

Emergency contact details _____

Name of parents/guardian _____

Tel work _____

Tel mobile _____

Email _____



★ HEALTH QUESTIONS

Does your child have or has he or she ever experienced any of the following? Please Check relevant box

	YES	NO
High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Elevated blood cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Chest pains brought on by physical exertion	<input type="checkbox"/>	<input type="checkbox"/>
childhood epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness or fainting	<input type="checkbox"/>	<input type="checkbox"/>
A bone, joint or muscular problems with arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Asthma or respiratory problems	<input type="checkbox"/>	<input type="checkbox"/>
Any sustained injuries or illness	<input type="checkbox"/>	<input type="checkbox"/>
Any allergies	<input type="checkbox"/>	<input type="checkbox"/>
Is your child taking any medication	<input type="checkbox"/>	<input type="checkbox"/>
Has your doctor ever advised your child not to exercise? Is there a reason not mentioned above why any type of physical exercise may not be suitable for your child?	<input type="checkbox"/>	<input type="checkbox"/>

If answered yes to any of the above questions please give full details here:

Is there anything else we should know about your child that has not been addressed in the Health questions on this form? YES NO



YES

NO

N/A

If your child has any known allergies has the instructor in charge of your session been made aware of medication you are taking and where to find this.

In the absence of a parent/guardian, I understand that my child is responsible for monitoring him or herself throughout the activity, and should any unusual symptoms occur, would cease participation and inform the instructor.

In the event that medical clearance must be obtained before my child's participation in an exercise session, I agree to contact the GP and obtain written permission prior to the commencement of the exercise activity, and that the permission is given to the instructor/personal trainer.

YES

NO

I understand that if my child fails to behave in a manner that is polite and social, he or she could be suspended from that particular activity and that all behaviour is in accordance with the Poynton Dippers Swimming Club's behaviour policy.

photography consent

I understand that occasionally my child may appear in promotional photography of group exercise sessions and that this material may be used on the Poynton Dippers websites and other promotional material.

Please tick here if photographs are NOT permitted.

THE SMALL PRINT

informed consent/assumption of risk

I am aware that there are significant risks involved in all aspects of physical training. I understand that the reaction of the heart, lungs and vascular system to exercise cannot always be predicted with accuracy. I understand that there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart rate; chest, arm or leg discomfort; transient light-headedness or fainting; and in rare instances, heart attack, stroke or even death. Excessive work can result (in rare cases) in exertional rhabdomyolysis. I should look for signs of excessive soreness, darkened urine, and pain in the kidney areas in the days following a particularly intense workout. While this type of injury is relatively rare, it can occur due to a number of factors, including (but not limited to) genetic predisposition or dehydration, that may be beyond



the control of the trainer. I understand that the exercise sessions are of a nature and kind that are moderately strenuous and can/may push individuals to the limits of my physical abilities. These risks include, but are not limited to: falls which can result in serious injury or death, injury or death due to negligence on the part of the individual, or other people around me, injury or death due to improper use or failure of equipment. I am aware that any of these above mentioned risks may result in serious injury or death to the individual. I willingly assume full responsibility for any and all risks to which I am exposing my child as a result of his/her participation Poynton Dippers exercise sessions and accept full responsibility for any injury or death that may result from participation in any activity, class or physical fitness program. I hereby certify that I know of no medical problems that would increase my child's risk of illness and injury as a result of participation in a fitness program designed by david miles and chris ormiston. With my full understanding of the above information, I agree to assume any and all risk associated with my child's participation in Poynton Dippers exercise classes. By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive, physical exercise. By signing this document, I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, rhabdomyolysis, fainting, heart attack, or death. By signing this document, I assume all risk for my child's health and well-being and hold harmless therefrom Poynton Dippers Swimming Club, as well as its volunteers. I understand that questions about exercise procedure and recommendations are encouraged and welcome.

Waiver and Release:

I fully understand that my child's personal exercise program may be strenuous and I choose to have my child participate voluntarily. I accept all responsibility for my child's health and any results, injury or mishaps that may affect his/her well-being or health in any way. I waive any claims, demands, causes of action or any claims for relief whatsoever against, and release Poynton Dippers Swimming Club (as well as any of its owners, employees, or other authorized agents, including independent contractors) from any and all liability, claims and/or causes of action that I may have for injuries or other damages, arising out of participation in Poynton Dippers activities, including, but not limited to exercise classes.

Indemnification:

I recognize that there is risk involved in the types of activities offered by Poynton Dippers Swimming Club. therefore i accept financial responsibility for any injury that i or my child may cause either to himself/herself or to any other participant due to his/her negligence. should the above-mentioned parties, or anyone acting on their behalf, be required to incur legal fees and costs to enforce this agreement, i agree to reimburse them for such fees and costs. i further agree to indemnify and hold harmless Poynton Dippers Swimming Club, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my or my child's negligent or intentional act or omission while participating in activities offered by Poynton Dippers Swimming Club.



I have fully read and fully understand the foregoing assumption of risk and release of liability, and I understand that signing it obligates me to indemnify the parties named for any liability for injury or death of any person and/or damage to property caused by my or my child's negligent or intentional act or omission. I understand that by signing this form, I am waiving valuable legal rights. I have carefully read this agreement and fully understand its contents. I am aware that this is a release and waiver of liability and sign it knowingly, voluntarily, and of my own free will. I am signing this agreement for my minor children, listed below.

Child 1 Name (Printed)

Child 2 Name (Printed)

Child 3 Name (Printed)

Parent/Guardian Signature (Printed)

Parent/Guardian Name (Printed)

Date