



Exercise and Physical Activity Readiness Assessment for Children and Young Adolescents

Important information for parents/guardians

For most children, physical activity provides an opportunity to have fun and promotes the basis for good health and an enhanced quality of life for the future.

However, there are a small number of children or adolescents who may be at risk when participating in exercise/physical activity. We ask therefore that you read and complete this questionnaire carefully and return it to the Club Manager.

The purpose of this form is to ensure that Snap Fitness provides every child and/or adolescent (under the age of 16) with the highest level of care whilst they are participating in exercise as a Snap Fitness member. This information is used for a number of purposes:

- to assess if a medical clearance is required for the child's suitability to be a club member;
- to provide information for appropriate exercise advice to be provided as part of the member induction process; and
- to act as emergency information in case the child is involved in an emergency situation whilst participating in a Snap Fitness personal training or group exercise session.

The information contained in this form is confidential and is subject to the Snap Fitness Australia Privacy Policy and the Privacy Act 1998 and Privacy Amendment (Enhancing Privacy Protection) Act 2012.

Personal details

Name:	DOB:		
M/F:	Height (cm):	Weight (kg):	BMI:
How old was your child as at 1 January this year?			
Name/s of parent/s or guardian/s:			
Home Address:			
Private home contact ph:		Work ph:	Mobile:
Has a GP or specialist referred your child?			
Doctor's name:		Contact ph:	
If there is an emergency, specify the person who should be contacted and their emergency phone number:			
Name:		Contact ph:	
After hours emergency contact ph:			

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

Heart-Lung-Other Systems (☑)

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

- a 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 or after exercise _____
- Breathing problems or shortness of breath (for example, asthma, emphysema) _____

2. Does your child experience or has your child ever experienced:

- epilepsy or seizures/convulsions
If yes, is it at rest or during exercise? _____
- fainting _____
- dizzy spells _____
- heat stroke/heat-related illness _____
- increased bleeding tendency/haemophilia _____
- other (please specify) _____

3. Does your child have, or has your child had, an eating disorder?

- Yes
- No

4. Does your child take any medications for (please name):

- heart problem _____
- epilepsy _____
- diabetes _____
- Attention Deficit Disorder (ADD) _____
- asthma, breathing problems _____
- allergies _____
- blood pressure _____
- other (please specify) _____

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

Muscle-Bone System (☑)

1. In the last six months, has your child had any muscular pain while exercising?

- Yes
- No

If yes, please explain and indicate where the pain has occurred (e.g. 'pain in the back of the right heel' or 'pain on the inside of the right elbow'):

1.1 Has a doctor treated this pain?

- Yes
- No

2. In the last six months, has your child experienced joint pain, or pain in the bones?

- Yes
- No

If yes, please explain and indicate where the pain has occurred (e.g. 'front of right leg' or 'behind my knee bone'):

2.1 Has this joint pain, or pain in the bone been treated by a doctor?

- Yes
- No

2.2 Has your child broken any bones or suffered injury to their bones in the last 12 months?

- Yes
- No

If yes, please explain where and how the break/injury occurred.

Brain-Muscle System (☑)

1. Does 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

2. Has your child ever experienced a brain or spinal injury?

- Yes
- No

3. Does your child experience difficulty in the skill of:

- climbing up stairs
- walking down stairs
- none of the above

Special Conditions (☑)

1. Does your child use a 'puffer' or 'ventilator' for asthma?

- Yes
- No
- Not applicable

2. Does your child self-administer insulin for Diabetes?

- Yes
- No
- Not applicable

3. Does your child have any chronic disability or chronic illness?

- Yes
- No

If yes, please indicate the condition:

- Cerebral Palsy
- Hypermobility
- ADHD
- Obesity
- Downs Syndrome
- Intellectual impairment
- Other (please specify):
.....

4. Is your child allergic to food, medications, pollens or other allergens or specific environments?

- Yes
- No

If yes, please explain what causes have been identified with this/these allergy/ies:

.....

5. Does your child follow a special diet?

- Yes
- No

6. Has your child ever been diagnosed with a nutritional deficiency (such as non-iron deficiency)?

- Yes
- No

If yes, please specify the nutritional deficiency:

.....

General Health (☑)

1. Has your child had surgery in the previous 12 months?

- Yes
- No

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

- Yes
- No

If yes, please explain:

.....

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 Snap Fitness immediately if there are any changes to the information provided above.
- I understand that the above information is the basis for my child's appropriate participation in any personal trainer or group fitness sessions.
- I understand that I am to provide the supervision of my child whilst they exercising in the gym and that I cannot leave my child unsupervised at any time.
- I understand that, aside from my child's participation in personal trainer or group fitness sessions, I am not to pass on responsibility for my child's supervision to any Snap Fitness contractor or staff.
- I understand that this document also forms part of my child's membership agreement with Snap Fitness.
- I understand that the Assumption of Risk of Injury and Waiver of Claims as part of the Snap Fitness membership agreement apply to both to my child and myself.

Parent/Guardian signature:

Date:

____/____/____

Administration only: Referral to Medical Practitioner ()

Result

- Child/adolescent has no risk factors.
- Child/adolescent has one or more Heart-Lung-Other risks.
- Child/adolescent has one or more risks from Muscle-Bone and/or Brain-Muscle systems or Special Conditions and General Health sections.

Outcome

- Cleared to participate in physical activity as a member or visitor.
- Refer to Medical Practitioner.
- Possibly refer to a Medical Practitioner or appropriate allied health professional.

Parent/Guardian signature:

Date:

____/____/____

Club Manager signature:

Date:

____/____/____