

# PRE - SCREENING FORM AND CONDITIONS OF USE OF REMARKABLE WOMEN'S HEALTH & FITNESS FOR YOUNG WOMEN UNDER 18 YEARS

---

NAME. \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

Names of Parents/guardians \_\_\_\_\_

Home Address: \_\_\_\_\_

Home No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## IN CASE OF EMERGENCY:

Parents/guardians name \_\_\_\_\_ Number \_\_\_\_\_

Parents/guardians name \_\_\_\_\_ Number \_\_\_\_\_

*Please note that in the case of a medical emergency, your child may be transported to the nearest medical treatment service*

**Does your child currently have, or has had in the past, any of the following (Please give details)**

A Heart condition

Diabetes Type 1

Diabetes Type 2

High cholesterol

Asthma or breathing difficulties

Fainting or dizzy spells

Increased bleeding or haemophilia

Cystic Fibrosis

High blood pressure

Unexplained coughing during exercise

Epilepsy or seizures

**In the last 6 months has your child had any muscular, joint or bone pain while exercising? (give details)**

Muscular, joint or bone pain or injury? \_\_\_\_\_

If the answer is yes, has this been treated by anyone? \_\_\_\_\_

Has your child broken any bones or injured bones in the last 12 months? \_\_\_\_\_

\_\_\_\_\_

Has your child had surgery in the last 12 months? \_\_\_\_\_

Has your child ever experienced brain or spinal injury? \_\_\_\_\_

## DOES YOUR CHILD TAKE MEDICATIONS FOR THE FOLLOWING

Heart condition

Diabetes 1 or 2

ADD or ADHD

Asthma

Epilepsy

Allergies

Other \_\_\_\_\_

**DOES YOUR CHILD HAVE, OR HAS HAD, DIFFICULTY WITH ANY OF THE FOLLOWING**

**Vision**

**Motor skills**

**Hearing**

**Balance**

**Speech/comprehension**

**other learning difficulties or special needs**

**CURRENT EXERCISE AND NUTRITION PROFILE**

Does your child participate in sport or physical activity at school or club?

Does your child currently have an eating disorder, or in the past?

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

Has your child been recommended by a health professional to participate in physical activity?

**RULES FOR THE GYM**

- Always swipe your key tag to get it and out
- Only use equipment that you have been shown to use and follow your programme
- Keep the equipment where it belongs
- Clean up after yourself
- Be mindful of your surroundings
- Always on your best behaviour and respect other members and staff at the gym
- Enjoy being here

Child Name and signature that they understand the rules and will follow them, Date

---

***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 Remarkable Women's Health & Fitness activities.
- I am aware that during certain times the gym will be unmanned and I am happy for my child to be there on her own.

**Disclaimer**

**I acknowledge that participating in physical activity for my child carries a risk and I accept all responsibility for that risk.**

**Parent/Guardian signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_**