



## Minor's Health Screening Form

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

### EMERGENCY CONTACT NUMBER

Mobile \_\_\_\_\_ Alternative Contact \_\_\_\_\_

### Does your child have or has he/she ever experienced the following:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. High or low blood pressure?
<input type="checkbox"/>	<input type="checkbox"/>	2. Elevated blood cholesterol?
<input type="checkbox"/>	<input type="checkbox"/>	3. Diabetes?
<input type="checkbox"/>	<input type="checkbox"/>	4. Chest pains brought on by physical exercise?
<input type="checkbox"/>	<input type="checkbox"/>	5. Childhood epilepsy?
<input type="checkbox"/>	<input type="checkbox"/>	6. Dizziness or fainting?
<input type="checkbox"/>	<input type="checkbox"/>	7. Any bone, joint or muscular problems including arthritis?
<input type="checkbox"/>	<input type="checkbox"/>	8. Asthma or other respiratory problems?
<input type="checkbox"/>	<input type="checkbox"/>	9. Any sustained injuries or illness?
<input type="checkbox"/>	<input type="checkbox"/>	10. Any allergies?
<input type="checkbox"/>	<input type="checkbox"/>	11. Is your child taking any medication?
<input type="checkbox"/>	<input type="checkbox"/>	12. Has your doctor ever advised your child not to exercise?
<input type="checkbox"/>	<input type="checkbox"/>	13. Is there any reason not mentioned above why any type of physical activity may not be suitable for your child?

If you have answered "YES" to any of the above questions, please write full details on the reverse of this form.

### Parental Declaration – please tick the boxes

In signing this form, I the parent/guardian of the aforementioned child, affirm that I have read this form in its entirety and have answered the questions accurately and to the best of my knowledge.

I understand that my child is responsible for monitoring him or herself throughout any activity, and should any unusual symptoms occur, would cease participation and inform the Instructor.

I understand that if my child is below the age of 6 years, that I the parent/guardian am responsible for monitoring him or her within the activity.

I understand that I must inform the Instructor of any health issue or medical condition of my child that may arise in the future before the start of each class.

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.

I understand and agree that Pilates Lifestyle, and its consultants shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my child's participation in a fitness programme through Pilates Lifestyle.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please PRINT Name \_\_\_\_\_