COOL ROWINGS

ATHLETICS & FITNESS TRAINING

Children's Health Questionnaire

To be completed by the **parent** or **guardian** of the participating child(ren)

1st Child's Name: **First** ____________________ **Last** ________________

D.O.B ____________________ Please Circle SEX M / F School Year ________

2nd Child's Name: **First** ____________________ **Last** ________________

D.O.B ____________________ Please Circle Sex M / F School Year ________

3rd Child's Name: **First** ____________________ **Last** ________________

D.O.B ____________________ Please Circle Sex M / F School Year ________

Name of **Parents/Guardians**: ____

Address: ____

City/Borough ____________________ Postcode ____________________

Phone Number __________________ Mobile Number ____________________

Email: ____

Emergency Contact

Name ____________________________ Contact Number _________________

How Did You Hear About Us? (Please circle):

Online / Radio / Yellow Pages / Flyer / Word Of Mouth / Passing By / Fitness Convention / Fitness First / Other (please specify)

Does your child now have or has your child ever had a history of experience with the following? Please indicate (i.e. 1st, 2nd or 3rd) which child if yes?

PLEASE TURN OVER AND READ CAREFULLY

	YES	NO
1. Asthma or other respiratory problems?		
2. Muscle problems or disorders?		
3. Difficulty in any form of exercise?		
4. Joint problem?		
5. Recent injuries?		
6. Family history of heart pains?		
7. Severe headaches or dizziness?		
8. Epilepsy?		
9. Any sustained injuries or illnesses?		
10. Currently taking any medications?		

If you answered YES to any of the above questions please explain in space provided below

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Has your doctor ever advised your child not to exercise?
If YES please explain

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Does your child exercise regularly now?
If so, please list activities and estimate how frequently

____

Are there any medical reasons why your child should not take part in exercise/dance?
If YES please explain

____

I, the parent / guardian of the aforementioned child(ren), acknowledge the questionnaire information I have answered to be true and accurate.
To the best of my knowledge, I have given all of the relevant information regarding my child(ren)'s health and ability to participate safely in physical exercise.

Signed ____________________________________ Date ____________________

Print Name __________________________________

Data supplied may be used to inform you **(Parent/Guardian)** of changes, holiday schedules, special offers etc
From time to time we may wish to contact you (**Parent/Guardian)** by phone or email

GDPR Please tick here if you prefer this not to happen_____

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