

SURBITON BOXING CLUB

Physical Activity Readiness Questionnaire (PAR-Q)

Childs Name: _____ Age: _____ Gender: _____

Parent/Guardian: _____ Contact Details: _____

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.

Health Questions:

Does your child have or has he/she ever experienced any of the following? Please circle

1. In the past 2 weeks have you developed a persistent cough, high temperature or loss of taste or smell – or have you tested positive for Covid-19?	YES/NO
2. High or Low Blood Pressure	YES/NO
3. Elevated blood cholesterol	YES/NO
4. Diabetes	YES/NO
5. Chest pains brought on by physical exertion	YES/NO
6. Childhood epilepsy, dizziness or fainting	YES/NO
7. Any bone, joint or muscular problems with arthritis	YES/NO
8. Asthma or respiratory problems	YES/NO
9. Any sustained injuries or illness	YES/NO
10. Any allergies	YES/NO
11. Is your child taking any medication	YES/NO
12. Is there any reason not mentioned above why any type or physical activity may not be suitable for your child?	YES/NO

If you have answered **YES** to any of the above questions or feel there is anything Surbiton Boxing Club should be aware of, please use the available space to explain your answer and give additional details:

Assumption of Risk

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

I understand that my child is responsible for monitoring him/herself throughout any activity, and should any unusual symptoms occur, my child understands the importance of informing the Instructor immediately.

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.

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.

Parent/Guardian's signature: _____

Date: _____

Witness signature: _____

Date: _____