

Youth/Child Health Status Questionnaire (<18yrs)

Child's Name _____

Parent/legal guardian's name(s) _____

Youth's email (print clearly) _____

Child's date of birth _____ Age _____ Gender: M F

In case of emergency, contact: Name _____ Phone _____

YES NO Please check box YES or NO

- Has your doctor ever said that your child has a heart condition and that your child should only do physical activity recommended by a doctor?
- Does your child feel pain in his/her chest when they do physical activity?
- Does your child lose their balance because of dizziness and/or do you ever lose consciousness?
- Is your doctor currently prescribing drugs (for example water pills) for your blood pressure or heart condition?
- Does your child have uncontrolled asthma?
- Does your child have diabetes?
- Is your child pregnant?
- Do you have a bone or joint problem that could be made permanently worse by a change in your physical activity?
- Do you know of **any other reason** why your child should not do physical activity?

1st Class Payment

- Apply 1st class to my child new unlimited class pass (I have filled out the auto funds transfer information.)
- Apply 1st class to my child's drop-in 10 class pass (I have filled out the drop-in form & turned in payment.)
- Paying for individual drop-in class today (cash or check for \$8.95 + tax = \$9.75)
- Guest of drop-in participant - he/she scanned for my child (drop-in accounts ONLY)

I hereby affirm that my child is in good physical condition and does not suffer from any disability, which would prevent or limit his/her participation in this exercise program. I fully understand that my child may injure his/herself as a result of participation in exercise programs. I hereby affirm that my child is exercising with their physician's or caregiver's approval regarding this program and have read and fully understand the above agreement. I, my heirs, my assigns, and myself hereby release Community Fitness Incorporated, (its contractors, employees and owners), from any claims, demands, and causes of action, now or in the future, arising from my child's participation in the exercise program.

The information collected on this health status questionnaire will ONLY be used for the purpose of this initial interview and general fitness programming recommendations. Community Fitness Inc., its staff, instructors, and affiliates will NOT be responsible for knowing or using any of the information collected on this history form.

I have read, understood, and completed this questionnaire. Any questions that I had were answered to my full satisfaction. I've been informed of my child's risk stratification and the associated requirements. If my child's health status or doctor's recommendations for exercise participation should change, I will inform Community Fitness.

Parent Signature _____ Date _____ Staff Initials _____