



Exercise Questionnaire

DETAILS OF PARENT & PARTICIPANT

Name of Parent: _____ Name of Child: _____

Address: _____

Suburb: _____ Postcode: _____

Home Phone: _____ Mobile: _____

D.O.B.: _____ Email: _____

Emergency Contact (Name): _____ Phone: _____

YOUR GOALS

Have you ever done Core Camp® 4 KIDS before?Where?

What results do you want to achieve for your child?

Does your child currently exercise? YES NO

If YES: Exercise type? _____

Intensity? Hard Moderate Light/Low

Here is a list of injuries or conditions that you may need to discuss with your GP in order to participate safely in the CORE CAMP Group. If you tick any of the boxes in Question 1, you may be required to take this form to your doctor and ask for a clearance to participate in the program.

MEDICAL CONDITIONS

Has your child had any of the following, which may affect your ability to do Core Camp:

- Chest pains, high blood pressure or heart disease
- Chest problems like asthma or bronchitis
- Back trouble or a slipped disc
- Joint pains or arthritis
- Diabetes
- Recently recovered from illness that may affect your ability to exercise

In case of emergency (Parents' mobiles and one other contact if possible)

ICE 1 Name Numbers: _____

ICE 2 Name Numbers: _____

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

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 (Core Camp® 4 KIDS) fitness activities

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: ____ / ____ / ____