**Under 16 Health Questionnaire – Fitness Dynamics**

**Fitness Classes, Pilates Classes, Outdoor Boot-Camps, Pilates Personal Training & Fitness Events with Sam Horton**

For your safety, it is important that we are aware of your current medical and physical status. Please complete this form as fully as possible. All information provided will remain confidential. Please let us know if any of these details change in the future.

|  |  |
| --- | --- |
| **Name:** | **Telephone numbers (mobile and/or home):** |
|  **Address:** |
|  **Email:**  | **Parent/Guardian Emergency contact name & number:** |
|  **School:**  |
|  **D.O.B:**  |  **Age:** |
|  **Current sports/exercise:** |  **Referred by:** |

**Please circle yes or no to the following:**

|  |  |
| --- | --- |
| Has your doctor ever told you that you have: a heart condition, diabetes, epilepsy, breathing |  |
|  problems (e.g. asthma) or any bone or joint problems (e.g. Osgood Schlatter Disease)? | Y/N |
| Are you currently suffering from an injury or illness? | Y/N |
| Do you suffer from dizziness or fainting? | Y/N |
| Are you currently taking any medication? | Y/N |
| **If you answered Yes to any of the above, please use this space to give further information:** |  |

|  |
| --- |
|  |
| Is there anything that you are aware of that would necessitate a modification of your participation? Is there anything else that you feel we should know about? **(Use the back of this form if needed?)** |  |

**Please tick this box to subscribe to our monthly email newsletter with details of class and timetable changes, new classes and news (easy to unsubscribe at any time).**

**If you choose not to receive the newsletter, please take care to check the website www.fitnessdynamics.co.uk for timetable changes, particularly during holidays. We cannot let you know about last minute class cancellations without your permission to use your email address.**

**To be completed by your parent or guardian:**

**Informed Consent for Exercise Participation**

My child would like to take part voluntarily in fitness classes in order to attempt to improve physical fitness.

I understand that the cardiovascular activities are designed to place an increasing workload on the heart and lungs and to thereby attempt to improve their efficiency. Toning exercises will exert muscles which should improve muscular endurance and flexibility exercises should improve/maintain range of motion.

I understand that I am responsible for monitoring my child throughout the class and, should any unusual symptoms occur, I acknowledge that they will cease participation and inform the instructor of the symptoms.

In signing this consent form, I confirm that we have read this form and that we understand the nature of the exercise programme. I also confirm that questions regarding the exercise programme have been answered to my satisfaction.

In the event of any injuries occurring as a result of attendance, Fitness Dynamics and Sam Horton are released from any liability now, or in the future, for conditions that may be obtained from participation.

**I give / do not give** (*please delete as appropriate*) permission for Fitness Dynamics to use photographs of my childfor promotional advertising, including on the website [www.fitnessdynamics.co.uk](http://www.fitnessdynamics.co.uk) and Sam Horton’s Facebook Photo album page.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**