

Youth Physical Activity Readiness Questionnaire (PAR-Q)

This PAR-Q is designed for your child (aged between 5 and 18) if they want to take a part in Kangoo Club Southend activities. It ensures that these physical activities are safe for your child and that any potential health risks are identified and managed appropriately. Please read each question carefully and answer to the best of your knowledge by indicating your answer YES or NO.

Participant Information:

- Name: _____ Date of Birth: _____
- Gender: _____ Relationship to Child: _____
- Emergency Contact: _____ Phone Number: _____

1. 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? YES/NO
2. Does your child ever experience chest pain during physical activity? YES/NO
3. Does your child ever lose balance because of dizziness, or do they ever lose consciousness? YES/NO
4. Does your child have a history of epilepsy or seizures? YES/NO
5. Does your child have a bone or joint problem that could be made worse by a change in their physical activity participation? YES/NO
6. Does your child have uncontrolled asthma (i.e., asthma that is not easily controlled by an inhaler)? YES/NO
7. Is your doctor currently prescribing any medication for your child? YES/NO
8. Do you know of any other reasons why your child should not undergo physical activity? YES/NO

If you have answered:

-  **NO**, to all the above questions and you have reasonable assurance of your child suitability for exercise, **sign the participant declaration.**
-  **YES**, to one or more questions, you can still sign the form. However, we strongly recommend you consult with your child's doctor before you sign to clarify that it is safe for them to participate in Kangoo Jumps rebound exercise at this current time and in their current state of health.

 Delay becoming more active if:

- Your child has a temporary illness such as a cold or fever; it is best to wait until they feel better.
- Your child's health changes - talk to their doctor or qualified exercise professional before continuing with any physical activity program.

Parental Consent:

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 themselves throughout any activity, and should any unusual symptoms occur, they will ease participation and inform the instructor. If medical clearance must be obtained before my child's participation in an exercise session, I agree to contact the child's physician and obtain written permission prior to the commencement of the exercise activity, and that the permission be given to the instructor.

Parental Responsibility:

I understand that it is my responsibility to inform Kangoo Club Southend of any changes to the information provided in this form. I also acknowledge that I am responsible for ensuring that my child adheres to the rules and guidelines set forth by Kangoo Club Southend during their participation in such fitness activities.

Additional comments if applicable:

This document is an addition to Parental Consent Form for KCS Fitness Activities

Consent:

- Parent/Guardian Full Name and Signature: _____
- Date: _____
- Staff Full Name and Signature: _____
- Date: _____

Medical Clearance:

Having answered "Yes" to any of the questions above, I have sought medical advice, and my GP has agreed that my child may participate in physical activities.

- Parent/Guardian Full Name and Signature: _____
- Date: _____