



BACKGROUND INFORMATION

Name of child:

Date of Birth:

Name of parents or guardians:

Home address:

Home phone and mobile:

E-mail address:

Physicians name and number:

GOALS FOR YOUR CHILD

Camp (yes/no)

Organized Sports Teams or Group Activities (yes/no)

General Movement and Having Fun (yes/no)

EMERGENCY CONTACT

Emergency Contact #1 Name and Number:

Emergency Contact #2 Name and Number:

Emergency Contact #3 Name and Number:

PAST AND PRESENT MEDICAL HISTORY

Heart Condition: (yes/no)

Diabetes Type I: (yes/no)

Diabetes Type II: (yes/no)

High Cholesterol: (yes/no)

Asthma or breathing difficulties: (yes/no) Fainting or dizzy spells: (yes/no)

High blood pressure: (yes/no) Epilepsy or seizures: (yes/no) Allergies: (yes/no)

Other:

INJURIES OR SURGERIES

Muscle injury in the last 12 months (ie: tear or sprain): (yes/no)

Surgery in the last 24 months: (yes/no)

Joint pain or Broken Bones in the last 12 months: (yes/no)

Other:

MEDICATIONS

Does your child take medications for the following (please give details if applicable)

Heart Condition: (yes/no)

Diabetes - Type I or II: (yes/no)

ADD or ADHD: (yes/no)

Asthma: (yes/no)

Epilepsy: (yes/no)

Allergies: (yes/no)

Other:

DOES YOUR CHILD HAVE, OR HAS HAD, DIFFICULTY WITH ANY OF THE FOLLOWING

Vision: (yes/no)

Motor skills: (yes/no)

Hearing: (yes/no)

Balance: (yes/no)

Speech/comprehension: (yes/no)

Other learning difficulties or special needs: (yes/no)

Other:

CURRENT EXERCISE PROFILE

Does your child currently participate in sports or physical activity at school or within a club: (yes/no)

Is there any reason preventing or affecting your child's participation in physical activity: (yes/no)

Has your child been recommended by a health professional to participate in physical activity: (yes/no)

Other:

INFORMED CONSENT

I hereby acknowledge that:

The information provided above regarding my child's health is, to the best of my knowledge, and correct: (yes/no)

I will inform you immediately if there are any changes to the information provided above: (yes/no)

I give permission for my child to participate in Empowered Sports & Fitness activities: (yes/no)

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: ____ / ____ / ____