Children’s Fitness Questionnaire (PARQ)

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Thank you so much for joining True You Fitness. Before you can get going I have a very brief health questionnaire that I need you to complete openly and honestly on behalf of your child. Know that anything you share within this form will be kept completely confidential and I’m only asking for this information to ensure I can keep you safe whilst exercising with me. If you have any concerns or questions whilst completing the form just let me know.

**Medical History**

Has your child had a major illness or injury in the last 5 years? [Yes/No]

If **Yes** please outline the details

________________________________________________________________________

________________________________________________________________________
Is your child receiving treatment for any diagnosed medical conditions?  
If yes, please outline the details

Is your child taking any prescription medication?  
If yes, please outline the details

Please indicate if your child ever experiences any of the following symptoms. Do they/have they:

- Ever get unusually short of breath with very light exertion?  
- Ever have pain, pressure, heaviness or tightness in the chest area?  
- Regularly have unexplained pain in the abdomen, shoulders or arms?  
- Ever have severe dizzy spells or fainting?  
- Regularly get lower leg pain during walking that is relieved by rest?  
- Ever experience palpitations or irregular heartbeats?  
- Ever been advised by a medical professional not to exercise?  
- Suffer from increased blood pressure  
- Suffer from asthma  
- Received a diagnosis of any form of cancer  
- Suffer from any chronic illness or condition  
- Suffer from arthritis/muscle/joint or back pain  
- Any pre-existing injury  
- Had any form of recent surgery (within the last 12 months)  
- Currently take any form of medication, prescribed or otherwise  
- Are they currently pregnant or have you given birth in the last 6 months?  

If you have ticked any of the boxes above please provide more detail below including specific symptoms, medical diagnosis and timing along with any current medications that are being taken:
Structural Health
Please indicate on the figures below any aches, pains or problem areas. Please give details of any areas indicated:

Are any of these issues aggravated by exercise? 
If Yes please give details

Is your child currently receiving treatment for any structural problem or injury? 
If Yes please give details

Please let me know about any other health concerns that your child suffers from but haven’t previously been mentioned:

Current Situation
How would you describe your child’s general health and fitness?

Do they currently exercise? 
If Yes let me know a brief outline of the frequency and type of exercise they typically do in a normal week:

Privacy
Be assured that all of the information gathered within this form is necessary to ensure you have a safe and effective workout with me. The information will not be shared with anyone else and a digital copy will only be retained whilst you are a customer of True You Fitness after which time it will be deleted. All paper copies will be destroyed.
I confirm that I have answered all of the questions honestly and that the information I have given is correct and that I consent to my details being used and stored by True You Fitness as outlined above.

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<td>Signature (parent/guardian)</td>
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**What True You Fitness Offer**
I will work with you to first understand your/your child’s current status in terms of fitness. This will be achieved by talking to and getting to know your child along with a physical fitness evaluation. The evaluation isn’t any kind of test and will be fun, engaging and easy to follow. Once I begin working with you/your child there will be the opportunity to participate in group fitness sessions or receive one on one coaching. In either instance all exercises will be tailored to suit you/your child’s needs taking into account their experience, physical fitness level and any underlying conditions/injuries as made aware to me.

**What Are The Potential Benefits/Risks**
As with any form of physical activity the benefits are plentiful and are particularly critical in children and young adults:

- improved fitness levels
- provides an opportunity to socialise
- increased concentration levels
- improved academic scores
- builds a stronger heart, bones and healthier muscles
- encourages healthy growth and development
- improved self-esteem
- improved posture and balance
- lower stress and anxiety levels
- encourages a better night’s sleep

Risks are only likely to be seen if injuries or pre-existing conditions are either not disclosed or not considered, or if good technique isn’t practised. The purpose of completing such a detailed Medical Questionnaire with you and your child is to ensure that I am aware of any aspect that could have an impact on ability to participate in physical activity. Even during group sessions the number of children
that I work with is small to ensure that I am able to monitor and correct technique to minimise the risk of injury.

**Declaration**

To the best of my knowledge, I know of no reason why my child as named above should not participate in any fitness evaluation and any subsequent exercise programme or training sessions recommended for them by True You Fitness (Katie Graves). I understand that my child takes part in any evaluation and subsequent Exercise Programmes or Training Sessions recommended for them at their own risk.

I/we understand the programmes available with True You Fitness and the associated potential benefits and risks. I confirm that my child will be participating in any fitness evaluations, training sessions or programmes voluntarily and that we have the choice to withdraw at any time.

I confirm that should there be any change to my/child's physical fitness or health I will make True You Fitness aware of all relevant information as soon as possible and before any future training session.

I confirm that I/we have revealed to the best of my knowledge anything that may affect my child as a result of exercise. If I/we choose not to consult a doctor prior to the Fitness Testing and any subsequent Exercise Programme or Training Session we do so at our own risk.

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