



Under-18 Physical Activity Readiness Questionnaire and Consent Form

Hastings West Hill Boxing Club

To be completed and signed by Parent or Guardian

Name of Child \_\_\_\_\_

D.O.B. \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_ Post Code \_\_\_\_\_

Tel (Day) \_\_\_\_\_ Tel (Evening) \_\_\_\_\_

Email \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Tel Number \_\_\_\_\_

Emergency Contact Detail; different from those above) \_\_\_\_\_

Name \_\_\_\_\_ Tel \_\_\_\_\_

Mobile \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Does your Child have now, or have had in the past (please circle as appropriate)?

History Of heart problems. chest pains or stroke within your family Yes No

Increased or low blood pressure Yes No

Advice from Doctor stating not to exercise Yes No

Surgery within the last 12 months Yes No

Pregnancy now or within the last 3 months (only tick when applicable) Yes No

History of breathing or lung problems Yes No

Muscle, joint or back disorder or any previous Injury affecting their ability Yes No

Diabetes or thyroid condition Yes No

Hernia or condition that may be aggravated by lifting weights Yes No

Any recent injuries Yes No

Does your child suffer from any medical conditions/allergies that the club/coach should be aware of (please state)?

\_\_\_\_\_

\_\_\_\_\_

Please Provide details of medication that must be administered

\_\_\_\_\_





CONSENT (please read carefully)

- a) agree to my child taking part in activities Of the Hastings Westhill Boxing Club.
- b) I confirm to the best Of my knowledge that my child does not suffer from any medical condition Other than those listed above.
- c) consent to my child travelling by any form of public transport, minibus or motor vehicle driven by a club coach or any other parent attending to any event in which the club is participating.
- d) I understand that the Club or Organisers accept no responsibility for loss, damage Or injury caused by or during attendance on any of the clubs organised activities except where such loss, damage or injury can be shown to result directly from negligence Of the Club Or Organiser.

I give my consent for my child to take part in supervised controlled sparring within the club

YES

NO

I declare to the best of my knowledge I know no reason why my Child should not participate in a personalised programme or exercise class. They take part in any recommended programme or exercise class entirely at their own risk and waive any legal recourse for damages or property arising from their participation.

Signature; \_\_\_\_\_

Name; \_\_\_\_\_

Date; \_\_\_\_\_

- Once completed, this document is to be held in the Club Pack for future reference only and in event of an emergency. GDPR.



Reg Charity No 305248