

Pre-Exercise Questionnaire – Children & Adolescents 16 years and under

This form **MUST** be completed by a parent/guardian

Please take a few minutes to answer the following questions. Just place a ✓ to indicate “Yes or Not Sure”

Member Number: _____ Corporate ID Number: _____

Childs Name: _____ Date of Birth: _____ Sex: _____

Ph H: _____ Mobile: _____

Name of Parent/Guardian: _____ Mobile: _____

Email address: _____

(By providing your above Email address, you agree to receive E-correspondence)

No: ____ Street: _____ Suburb: _____ P'code: _____

Has your child been hospitalised recently?

Is your child taking prescription medication?

Does your child have or has your child ever had:

- | | | |
|--|--|--|
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Diabetes (Type I or Type II) | <input type="checkbox"/> Glandular Fever |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Dizziness or Fainting | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Epilepsy/seizures/convulsions | |

If you ✓ any of the above, please take this form to your doctor and ask for a clearance to exercise before starting any exercise program, OR, sign below if you have already cleared the above condition with your doctor.

Condition cleared: _____ Signature: _____ Date Cleared: _____

Does your child have or has your child ever had:

Any pain, medical condition or major injury in any of the following areas:

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Neck | <input type="checkbox"/> Back |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Knees | <input type="checkbox"/> Ankles |
| <input type="checkbox"/> Cramps | <input type="checkbox"/> Allergies | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Muscular pain | | |

If you ✓ any of the above please give details of condition and related medications _____

What exercise has your child been doing recently?

Exercise type: _____

How long: _____ How often: _____ Intensity (circle) Hard Medium Light

PLEASE READ THE FOLLOWING EXERCISE ADVICE CAREFULLY. Ask any staff member to guide you/your child into the most suitable class or program. Work at a low level on the first visit and concentrate on learning to do the exercise properly. On each visit you/your child will be able to work a little harder. Be sure to limit their pace to a level where they can still talk comfortably. Should they suffer any illness or condition in the future, please tell us by completing this form again.

Initialed _____

AGREEMENT FOR COUNCIL SUPPLY OF RECREATION SERVICES

BETWEEN: **WOLLONGONG CITY COUNCIL** of 41 Burelli Street, Wollongong

AND: the person whose name and address appears below

In consideration of Council providing recreation services in connection with the following use of facilities at Beaton Park and Lakeside Leisure Centre, you declare and agree that:

- 1 you are not under the influence of drugs, legal or illegal;
- 2 you will obey and follow the instructions of Council's employees and authorised agents and will not disturb other participants or interfere with the ability of those agents or employees to conduct the activity in a safe and secure manner;
- 3 you will not damage, deface or remove any part of Council's property or any of the equipment being used;
- 4 you understand that you may be removed from the recreational activity, without compensation, if you do not comply with these provisions; and
- 5 you have read, understood and accepted the provisions of this agreement, and

you understand that:

- 6 you have entered and remain on Council's premises and will participate in the recreational activity at your risk;
- 7 Council will not (to the extent permissible by law) be responsible for any loss, damage or injury arising from any pre-existing medical condition, physical or psychological;
- 8 if you disobey any safety instructions given to you by Council's employees or agents and as a result of disobeying those instructions suffer loss, damage or injury you will not hold Council liable;
- 9 you release and discharge Council, and its employees and agents, to the extent permitted by law, from all claims which you now or at any time have in connection with or incidental to your participation in the recreational activity;
- 10 this includes any claims, which you could or might have, if it were not for this agreement;
- 11 Council will rely on this agreement; and
- 12 Council is not responsible for your decision to participate in the recreational activity.
- 13 You recognize that the instructor is not able to provide you with medical advice with regard to your medical fitness and that the information provided is used as a guideline to the limitations of your ability to exercise only.
- 14 You have cleared any current or previous conditions with your doctor and will advise Council if circumstances change.
- 15 You understand that there are inherent risks that could cause serious harm or death to your child through their participation in recreational activities at this Centre.

Note: In this agreement 'you' means the parent/guardian responsible for the child whose name appears on this form.

Parent/Guardian Name:

Signature: **Date:**

Council understands that the information provided by you is personal and confidential. The information will not be used for any external marketing or promotional activities, and will not be sold or distributed to any third party. Following completion of your participation in the recreational activity this document will only be recovered for the purpose of confirming your participation or to defend any action. Enquires in connection with this documents should be addressed to the Privacy Officer, Wollongong City Council, 41 Burelli Street, Wollongong, NSW 2520

CENTRE USAGE GUIDELINES FOR CHILDREN AND ADOLESCENTS 16 YEARS AND UNDER

The following guidelines have been developed in association with the Kids in Gym policy designed by the NSW Department of Tourism, Sport & Recreation. They provide guidance to gyms in ensuring that children are not put at risk of injury through incorrect lifting techniques, lack of adult supervision or through the use of equipment designed for adult bodies.

	5yrs	6yrs	7yrs	8yrs	9yrs	10yrs	11yrs	12yrs	13yrs	14yrs	15yrs	16yrs
Eligible for Centre Membership	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Must complete pre-exercise questionnaire prior to commencement of any program.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parent/Guardian must sign membership contract and Pre-exercise Questionnaire on behalf of adolescent	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cardio Equipment (supervised)						✓	✓	✓	✓	✓	✓	✓
Cardio Equipment (unsupervised)										✓	✓	✓
Resistance Training – must be/have: <ul style="list-style-type: none"> • Supervised by parent and guardian <i>or</i> • Completed an Orientation Session <i>or</i> • Have a program 										✓	✓	✓
Aquarobics								✓	✓	✓	✓	✓
TeenFit Circuit								✓	✓	✓	✓	✓
Fit Kids	✓	✓	✓	✓	✓	✓	✓	✓				
C-ABT								✓	✓	✓	✓	✓
Interval Training								✓	✓	✓	✓	✓
Circuit Mix								✓	✓	✓	✓	✓
Cardio Boxing								✓	✓	✓	✓	✓
<i>Les Mills</i> Body Balance								✓	✓	✓	✓	✓
<i>Les Mills</i> Body Combat								✓	✓	✓	✓	✓
<i>Les Mills</i> Body Pump										✓	✓	✓
<i>Les Mills</i> Body Step								✓	✓	✓	✓	✓
<i>Les Mills</i> RPM								✓	✓	✓	✓	✓
<i>Les Mills</i> Body Vive								✓	✓	✓	✓	✓
Spin / Cycle Class								✓	✓	✓	✓	✓
Freestyle Aerobics								✓	✓	✓	✓	✓
Lite Pace								✓	✓	✓	✓	✓
Track Running Classes								✓	✓	✓	✓	✓

NOT suitable for this age group ✓ Suitable for this age group