



**Under-18 Physical Activity Readiness Questionnaire and Consent Form**

\_\_\_\_\_ 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 \_\_\_\_\_

Club \_\_\_\_\_ Activity \_\_\_\_\_

Emergency Contact Detail; (If 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) I agree to my child taking part in activities of the \_\_\_\_\_ 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) I 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 of 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. iaw. GDPR.**