

# YOUTH GYM APPLICATION FORM (FOR 13 TO 18 YEAR OLDS)

If the Youth Gym applicant is under the age of 16 the form must be completed by a responsible parent or guardian and signed in the presence of the Thomastown Recreation & Aquatic Centre (TRAC) member.

The purpose of this form is so that TRAC will be aware of any heightened risk of injury by your child participating in physical activity. For most children and adolescents, physical activity provides an opportunity to have fun and promotes the basis for good health and an enhanced quality of life for the future. However there are a small number of children or adolescents who may appear to be at risk when participating in an exercise/physical activity program. We therefore ask that you read and complete this questionnaire carefully and return it to the appropriate staff member in charge. The information contained in this form is confidential and is subject to the laws and regulations contained in the privacy laws enacted in December 2001.

Induction Booked insert date and time \_\_\_\_\_

Member Number \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F

How old was your child at January 1 this year? \_\_\_\_\_

Name/s of parent/s or guardians/s:  
\_\_\_\_\_

Home Address:  
\_\_\_\_\_

Contact Number: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Parent/Guardian Mob) \_\_\_\_\_

(Student Mob) \_\_\_\_\_ Email: \_\_\_\_\_

I give permission for TRAC to send me marketing material in relation to TRAC programs and services: Y/ N

Please note: In case of a medical emergency, an ambulance may be used to transport your child to the nearest medical treatment service.

## 1. Does your child have, or has your child had: (please tick)

A heart condition (please specify) \_\_\_\_\_ Cystic Fibrosis (  )

Diabetes (Type I or Type II – please specify) \_\_\_\_\_ High Blood Pressure (  ) (when was it last taken \_\_\_\_\_) High cholesterol (  ) Unexplained coughing during or after exercise (  )

Breathing problems or shortness of breath (eg. Asthma, emphysema) (  )

Epilepsy or seizures/convulsions (  ) Fainting/dizzy spells Heat stroke/heat related illness (  )

Increased bleeding/haemophilia (  )

## 2. Does your child take any medications (please tick) (Y/N) If yes, please name

Heart problem \_\_\_\_\_ Epilepsy \_\_\_\_\_

Diabetes \_\_\_\_\_ Attention deficit disorder(ADD) \_\_\_\_\_

Asthma/breathing problems \_\_\_\_\_ Allergies \_\_\_\_\_

Other (please specify \_\_\_\_\_)

TRAC will not administer any medication to your child.

**3. Does your child have, or has your child had, an eating disorder? (Yes/ No)**

**4. a) In the last 6 months, has your child had any muscular/joint or bone pain while exercising? (Yes/ No)**

If yes please explain and indicate where the pain has occurred (eg. 'Pain in the back of the right heel' or 'pain on

the inside of the right elbow') \_\_\_\_\_

**4. b) Has this pain been treated by a doctor? (Yes /No)**

**5. Has your child broken any bones or suffered injury to bones in the last 12 months? (Yes/ No)**

Where and how did the break/injury occur? \_\_\_\_\_

**6. Does your child have, or has your child had difficulty/problems with any of the following? (Please tick)**

Vision / Motor sensory skills / Hearing / Poor balance/instability / Speech/language / Sleep apnoea

**7. Has your child ever experienced a brain or spinal injury? (Please tick) (Yes/ No)**

**8. Does your child have any of the following chronic disability of chronic illness? (Please tick)**

Cerebral palsy / Hyper mobility/ ADHA / Obesity/ Downs Syndrome Intellectual impairment

Other (please specify) \_\_\_\_\_

**9. Does your child have any allergies? (Yes/ No). If yes, please explain what causes have been identified with this/these allergy/ies:**

\_\_\_\_\_

**10. Has your child had surgery in the last 12 months? (Yes No)**

**11. Is there a medical reason/condition which might prevent your child from participating in an exercise program? (Yes/ No) If yes, please explain:**

\_\_\_\_\_

**Informed Consent**

I hereby acknowledge that:

- The information provided above is to the best of my knowledge, correct.
- I will inform you immediately if there are any changes to the information provided above.
- (if under 16) I give permission for my child to commence your physical activity program and consent to TRAC using my child's image in association with any promotion or media coverage of the "Youth Gym Program".
- Youth Gym members under the age of 16 years are not permitted to use free weights or participate in Les Mills Body Pump Classes.
- Youth Gym is not a supervised holiday program.

- TRAC is offering my child the opportunity to participate in programmed group fitness classes in its premises and the use of strength based exercises on machine stations and cardiovascular fitness equipment.
- If I / my child behaves in an inappropriate manner (see youth gym code of conduct and behaviour contract) my child may be asked to leave TRAC.
- I will not hold TRAC responsible for any injury, loss or damage suffered by my child if my child leaves TRAC premises.

**Disclaimer**

I acknowledge that during physical activity classes, an accident may occur involving injury or damage. In signing this form, I indemnify TRAC and its staff and instructors from all legal actions, injury claims, loss, damage, penalties, costs arising from my child's participation in this physical activity program.

Parent/Guardian Signature (if under 16): \_\_\_\_\_ Date: \_\_\_\_\_  
 Youth Gym Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 TRAC Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved to commence physical activity program (please tick) (Y / N)

Induction and Orientation session completed (Y/N) Date: \_\_\_\_\_  
 TRAC Fitness Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Administration only: Referral to Medical Practitioner**

Parent/Guardian/Member ticked any box in Questions 1 to 11 >> Refer to a Medical Practitioner for clearance letter\*\*

Parent/Guardian ticked no box >> Cleared to participate in physical activity program

\*\*If the Youth Gym applicant has been referred to a medical practitioner for a clearance letter they must then bring the letter to a Health Consultation with a TRAC fitness instructor prior to commencing the Youth Gym program.