

King's Rochester Sports Centre

601 Maidstone Road, Rochester, Kent, ME1 3QJ

T - 01634 818422

email – [enquiries@kingssportscentre.co.uk](mailto:enquiries@kingssportscentre.co.uk)



## Kid's pre-activity questionnaire

### Personal details

full name \_\_\_\_\_ [  ] male [  ] female  
date of birth \_\_\_\_\_ age \_\_\_\_\_ school year \_\_\_\_\_  
address \_\_\_\_\_  
\_\_\_\_\_ tel no. \_\_\_\_\_  
parent/guardian name \_\_\_\_\_  
address if different to above \_\_\_\_\_  
\_\_\_\_\_ tel no. 1 \_\_\_\_\_ tel no. 2 \_\_\_\_\_  
email Address \_\_\_\_\_

### Emergency contact details

name 1 \_\_\_\_\_  
contact details \_\_\_\_\_  
relationship to child \_\_\_\_\_  
name 2 \_\_\_\_\_  
contact details \_\_\_\_\_  
relationship to child \_\_\_\_\_  
child's doctor \_\_\_\_\_  
surgery \_\_\_\_\_  
tel no. \_\_\_\_\_

**KRSC member** [  ] Yes [  ] No

### Health Screening

- has your child ever suffered from any of the following?       chest pains       heart problems
- respiratory problems – asthma/emphysema
- back pain       joint or muscular problems/injuries
- diabetes       impaired vision / hearing
- epilepsy       severe headaches, dizziness or fainting
- any allergic reactions       an operation in the past year

If yes to any of the above please specify further details here or if your child has any other medical conditions that the centre needs to know about \_\_\_\_\_

has your child been taking any medication in the last year ?       Yes       No

if yes please specify \_\_\_\_\_

**IF NO** to any of the above you can be reasonably sure your child can start becoming more physically active in a suitable exercise programme.

**IF YES** the fitness professional may make a request that you consult your child's GP before they begin to exercise. Your child may be able to do any activity he/she wishes as long as they start slowly and build up progressively. Should your GP evaluate your child's condition as high risk please follow their advice and speak to our fitness instructor beforehand.

### Behavioural agreement

Should your child's behaviour be deemed inappropriate or dangerous to themselves, others or equipment before or during use then King's Rochester Sports Centre staff reserve the right to restrict or deny access.

I also agree to (child's name) \_\_\_\_\_ taking part in the sporting activities held here at KRSC and indicate agree to the following conditions (please tick)

1. I agree to my son/daughter participating in the activities described
2. I acknowledge the need for my son/daughter to behave responsibly
3. I am aware that all activities carry an element of risk and I am happy for my child to take part
4. I am aware that my child is NOT to bring in any electrical items or mobile devices

### Declaration

I the parent/guardian of the aforementioned child acknowledge the above information to be correct to the best of my knowledge. I have given all relevant information regarding my child's health and activity details. If any of my child's details change I will let the centre know immediately and complete an updated health form. I understand that KRSC cannot accept liability if a case arises as a result of the negligence of the organisation.

I have read and understood this form and therefore agree for my child to participate in all activities.

parent / guardian signature \_\_\_\_\_ date \_\_\_\_\_

child's name / signature \_\_\_\_\_ date \_\_\_\_\_

staff name / signature \_\_\_\_\_ date \_\_\_\_\_