

## Teen Fit Medical Form

### Applicant's details

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Membership No: \_\_\_\_\_

**PLEASE NOTE: The following medical information is required to ensure that the appropriate provisions can be made for your welfare whilst you are participating in our Teen Fit course. If you suffer from any chronic or recurrent ailment or physical restriction, it must be disclosed in as much detail as possible. Add additional pages if required.**

1. Do you suffer from any disabilities or have had a recent injury, operation or illness?

Yes  No

Details: \_\_\_\_\_

2. Do you require or take any medication?

Yes  No

Details: \_\_\_\_\_

3. Do you suffer from any of the below?

Diabetes: Yes  No

Epilepsy: Yes  No

Seizures: Yes  No

Hay fever: Yes  No

Heart problems: Yes  No

Hearing loss: Yes  No

Allergies: Yes  No

*(drugs, insects, etc)*

If yes to any of the above, please give details: \_\_\_\_\_

4. Have you ever been told that you have arthritic joints, or any bone or joint problem, which may be made worse by exercise?

Yes  No

Details: \_\_\_\_\_

5. Is your blood pressure:

High  Low  Normal

Details: \_\_\_\_\_

6. Have you ever done Teen Fit before?

Yes  No

Details: \_\_\_\_\_

### Waiver of claims

To participate in any Aqua Jetty Teen Fit Courses you must complete the following:

\_\_\_\_\_ (*participant full name*)  
will be attending the Teen Fit program. I agree that they do not have any ailments that prevent them from taking part in the Teen Fit program and that they do so at their own risk. If they do have any current problems, I have attached written permission from their medical practitioner, and they are able to attend Teen Fit without any risk to themselves. We agree not to hold the City of Rockingham, or their agents, responsible for any problems that may arise from attending this course. In the event of an accident/injury, I request that the instructors secure emergency services to provide aid, if in their judgement such services are necessary. I agree to incur any additional expenses associated with such action.

I hereby declare that the information on this form be true and correct.

Parent or guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full name: \_\_\_\_\_

**Thank you for taking the time to out this form in its entirety. The information that you provide will assist us to ensure that you have a positive and enjoyable experience**