

To be completed and signed by Parent or Guardian



Boxing Alliance Scotland Fit to Box – Under 18's Physical Activity Readiness Questionnaire

_____ Boxing Club

Reason for Joining the Boxing Club

I wish to register as a Recreational/fitness Member:(please tick) ☐

I wish to register as a Boxer Member (please tick): ☐

Name of Child: _____

D.O.B: _____

Parent/ Guardian

Address: _____

Town/City: _____ **Post Code:** _____

Tel (Day): _____ **Tel (Evening):** _____

Email: _____

Family Doctor: _____ **Doctor's Tel Number:** _____

Activity: _____

Emergency Contact Detail; (If different from those above): _____

Name: _____ **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 circle 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

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If you answered yes to any of the above questions, talk with your doctor BEFORE you become physically active. Tell your doctor of your intention to exercise and which questions you answered 'yes' to. If at any stage your health changes, resulting in a 'yes' answer to any of the above questions, please seek guidance from a GP.

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 any Boxing Alliance Scotland affiliated 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 program, exercise class or sparring session. 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 by the club for future reference only and in event of an emergency. iaw. GDPR.