**SCREENING AND MEMBERSHIP FORM**

Name of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adress:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**As your child is to be a participant in martial arts classes, please complete the following physical activity readiness questionnaire for your child.**

1. Has your doctor ever said that your child has a heart condition and that your child should only do physical activity recommended by a doctor? **Y / N**

2. Does your child ever experience chest pain during physical activity? **Y / N**

3. Does your child ever lose balance because of dizziness or do they ever lose consciousness? **Y / N**

4. Does your child have a bone or joint problem that could be made worse by a change in their physical activity participation? **Y/ N**

5. Does your child have uncontrolled asthma (i.e. asthma that is not easily controlled by an inhaler?) **Y / N**

6. Is your doctor currently prescribing any medication for your child’s blood pressure or a heart condition? **Y / N**

7.Do you know of any other reasons why your child should not undergo physical activity? This might include diabetes, a recent injury, or serious illness. **Y / N**

If you have answered **NO** to all questions then you can be reasonably sure that your child can take part in the physical activity requirement. If you answered **YES** to one or more questions: Talk to your doctor in person discussing with him/her those questions you answered yes. Ask your doctor if your child is able to participate in the physical activity requirements of the classes of martial arts.

 Please note: If your child’s health changes so that you can answer **YES** to any of the above questions, notify the instructors and consult with your doctor regarding the level of physical activity that your child can participate in.

I understand that martial arts are contact sports and understands the risk of studying it. In the event of an emergency, I hereby authorize any licensed medical personnel to perform any medical procedure deemed necessary and agree to bear the expense of any such treatment.

I’m giving /not giving my permission to taking pictures and videos of my child by Phoenix Tralee coach/club members or a professional photographer only during classes or/and competitions in which my child will participate. I agree/ not agree to publish these photos and videos on the Phoenix Figh Academy social media after informing me about it.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_declare that the above information is correct at the time of

completing this questionnaire on date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent's signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_