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Personal Trainer
 Motivator
 Better Health Choices

MINOR PRE-EXERCISE FORM

Personal Details:

PARTICIPANTS NAME:	SURNAME:
Address:	
Phone:	Family email:
Emergency Contact #:	Emergency Contact Name:
BIRTHDAY:	

Your exercise History

When was the last time your child exercised? (please circle)				
> 12 months ago	12 to 6 months ago	3 to 6 months ago	<3 months ago	current
Is your child currently involved in sport? If so, which ones?				

Your Health Questions:

Has your child ever had or suffer from any of the following?	YES	NO
heart trouble or vascular disease?		
pains in your chest, especially during exercise?		
feel faint or have spells of severe dizziness, especially during exercise?		
asthma? If so, please provide an asthma plan. <i>If you cannot provide a plan or byo ventolin, your child canNOT participate.</i>		
diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity?		
diabetes? If so, please provide a diabetes plan. <i>If you cannot provide a plan, your child canNOT participate.</i>		
Is there any other physical reason or medical condition or are you taking any medication(s) which could prevent you from undertaking an exercise program? If so, please provide information on the back of this form.		
<i>If you have answered yes to any of the 7 questions above, your child may require a certificate from their medical professional prior to commencement of exercises with Motivate Yourself.</i>		

I acknowledge that it is a condition of participating in this activity that am aware and accept all the risks and hereby indemnify and release the trainer, their agents, affiliates, employees and members against all liability, claims, demands and proceeding arising out of or connected with any participation in this activity and this release and indemnity continues forever.

I acknowledge that participating in this activity may involve a risk of serious injury from various courses including over exertion, dehydration, equipment failure and accidents with equipment and surroundings.

I recognise the difficulties associated with the activity and attest that the person named above is physically fit to participate safely in the activity and I understand the demanding physical nature of this activity. I am not aware of any medical condition, injury or impairment that will be detrimental to the health of the person named above during participation in this activity. A qualified medical practitioner has not advised against moderate and vigorous activity.

In the event that a medical condition, injury or impairment arises that will be detrimental to the health of the person named above if they participate in this activity my trainer will be immediately informed and by continuing to participate in this activity, I accept the risks despite these conditions and am still, and always will be under the terms of this agreement

The trainer refers to the Australian Registered Business Motivate Yourself.

I believe that to the best of my knowledge, all of the information I have supplied within this form is correct.

Parent/caregiver Signature: _____ Parent/caregiver name: _____

Trainer Signature: _____ Date: ____/____/____

Medical Clearance required yes/no