

FITNESS COACH / FITNESS CLUB REGISTRATION FORM

Parent/Guardian: Please complete this form and return to **Community Outreach, Education and Support Center** (*For more information see contact information listed below*). The PAR-Q is necessary to determine if there may be any medical risks involved with participating in a structured exercise program. Medical clearance may be required for the safety of your child depending on the presence of certain health conditions.

FITNESS COACH/CLUB SITE: <input type="checkbox"/> NILES WELLNESS CENTER <input type="checkbox"/> DAVIS FAMILY YMCA TRUMBULL COUNTY MAHONING COUNTY		MEDICAID: <input type="checkbox"/> Yes <input type="checkbox"/> No
CHILD'S NAME		CHILD'S DATE OF BIRTH
ETHNICITY: <input type="checkbox"/> AMERICAN INDIAN AND ALASKA NATIVE <input type="checkbox"/> ASIAN / ORIENTAL <input type="checkbox"/> CAUCASIAN / WHITE <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> MIDDLE EASTERN INDIAN <input type="checkbox"/> NON-HISPANIC AFRICAN AMERICAN / BLACK <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> REFUSED TO DISCLOSE		
PARENT/GUARDIAN'S NAME		PHONE
ADDRESS		
CITY	STATE	ZIP
EMAIL ADDRESS		
PARENT/GUARDIAN'S SIGNATURE		DATE

Physical Activity Readiness Questionnaire (PAR-Q):

Does your child have or has he or she ever experienced any of the following? Please mark the appropriate answer:

- | | | |
|---|------------------------------|-----------------------------|
| Heart condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High or low blood pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Elevated blood cholesterol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes (pre-diabetes, type 1 diabetes, type 2 diabetes) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chest pains brought on by physical exertion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Childhood epilepsy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dizziness or fainting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bone, joint or muscular problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asthma or respiratory problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sustained injuries or illness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been advised by a doctor to exercise | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Is there any reason not mentioned above why any type of physical activity may not be suitable for your child? Yes No

If answered 'YES' to any of the above questions, please provide details: _____

Fitness Coach/Fitness Club
 Kristopher Kriebel, MSHPE, BSAS
Phone: 330-746-8767

SUBMIT REGISTRATION FORMS TO:
 Akron Children's Hospital Mahoning Valley
 Community Outreach, Education and Support Center
 100 DeBartolo Place
 Boardman, OH 44512
Fax: 330-729-9225
E-Mail: kkriebel@chmca.org