



Academy of Sport Speed & Agility

MEDICAL SCREEN & CLEARANCE

NAME OF ATHLETE

DATE OF BIRTH ATHLETES AGE:

As your child is to be a participant in this speed assessment and following speed and agility sessions, would you please complete the following physical activity readiness questionnaire for your child.

Any information contained herein will be treated as confidential

Please tick appropriate box

| # | Question | YES | NO |
|---|---|-----|----|
| 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? | | |
| 2 | Does your child ever experience chest pain during physical activity? | | |
| 3 | Does your child ever lose balance because of dizziness or do they ever lose consciousness? | | |
| 4 | Does your child have a bone or joint problem that could be made worse by a change in their physical activity participation? | | |
| 5 | Does your child have uncontrolled asthma (i.e. asthma that is not easily controlled by an inhaler)? | | |
| 6 | Is your doctor currently prescribing any medication for your child's blood pressure or a heart condition? | | |
| 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. | | |
| 8 | <i>Does your child suffer from Severs ?</i> | | |
| 9 | <i>Does your child suffer from Osgood Schlatters ?</i> | | |

If you have answered **NO** to all questions (excluding questions 8 & 9) then you can be reasonably sure that your child can take part in the Speed and Agility training drills and exercises.

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

If you answered **YES** (excluding questions 8 & 9) 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 Speed and Agility training. Doctor's Name.....

Doctor's Signature Date

Parent/Guardian Consent - Medical Consent

My child is in good health and I consider him/her capable of taking part in the speed and agility sessions. I have completed the medical details and consent that in the event of any illness/ accident that any necessary first aid treatment can be administered to my child. It is also understood that it is the parent/guardians responsibility to inform ASSA of any medical condition that could affect a child's participation in any drill or exercise.

Please print name

and sign to consent.....

I, the parent/guardian of the aforementioned child, acknowledge the complete information on this form to be true and accurate. To the best knowledge I have given all relevant information regarding to my child's health and ability to participate safely in speed and agility sessions.

Date:..... Signature:.....

Video/Photography Consent

I give consent for my child/my children's photography/video recording to be taken and used by ASSA for public use.

Date: _____ Signature: _____

Please tick if we may **NOT** use photographs and / or video footage on our websites and /or publications.