

Kidz In Motion Health History Questionnaire

Today's date _____

Child's name (last, first) _____

Child's birth date _____ Age _____ Gender (M or F) _____

Child's physician _____

Physician phone number _____

Parent name _____ Relationship to child _____

Address, City, State, Zip _____

Daytime phone _____ Evening phone _____

A. Is your child under medical care? If so, what kind?

B. Does your child have any heart, breathing or medical problems? Please List:

C. Please list any allergies:

D. Has your child had any surgical operations within the last 5 years?

E. Has your child had any injuries or accidents in the last 5 years?

F. What is your child's physical activity? Please check one.

Low – less than 1 hour per day { }

Moderate – 1 to 2 hours per day { }

High – 2 or more hours per day { }

What are your child's activity interests? Please check all that apply.

Soccer { } Base/T-ball { } Football { } Tumbling { } Gymnastics { }

Dance { } Karate { } Swimming { } Basketball { }

Bicycling { } Skating { } Hockey { }

Other _____

ASSUMPTION OF RISK AND RELEASE OF LIABILITY FOR MINORS

I hereby give written permission as parent/guardian for _____ (the "minor"), who is _____ years of age, to utilize the Kidz In Motion facilities and equipment located at the William G. Rohrer Center for HealthFitness in Voorhees, New Jersey, in order to participate in activities designed and provided for children participating in the Kidz In Motion program.

I hereby expressly forever waive, release, and discharge the William G. Rohrer Center for HealthFitness and their representatives from all such liabilities, claims, demands, injuries, damages, rights of action or cause of action, whether the same be known or unknown, anticipated or unanticipated.

Parent/Guardian Signature

Date

In case of accident or injury, I hereby grant permission for emergency treatment and transportation of my child and release any records regarding their needs. In addition, I authorize the William G. Rohrer Center for HealthFitness Associates to contact and release my child to the following individuals other than the person stated above for emergency purposes only.

Name of first person _____

Relationship to child _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone Number _____

Work Phone Number _____

Name of second person _____

Relationship to child _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone Number _____

Work Phone Number _____