

Parental Informed Consent Form

Please complete all of the details below. This information is required entirely for the Human Performance Centre's records. All forms **must** be completed prior to any participation in the activity.

Name of Child: _____ **D.O.B.:** _____

Permanent Address: _____

Parent/Guardian Contact Telephone No.: _____

Please read the following statements carefully. Only sign when you have fully agreed with all of the statements.

- I understand that my child may participate in a number of workshops during the activity which may include:
 - Running
 - Jumping
 - Flexibility measurement
 - Speed measurement
 - Agility measurement
- I am aware that the possibility exists of certain discomforts and risks occurring when performing physical activity/exercise. These may include: light headedness, fainting, irregular heart rhythm and in rare instances, heart attack, stroke or death. I realise that every effort will be made to conduct the activities in such a way as to minimise any discomfort or risks, and that all activities will be conducted by suitably qualified and fully trained personnel.
- I understand that every effort will be made to minimise risks by evaluation of preliminary information relating to my child's health and fitness and by constant observation during all activities.
- I understand I am responsible for providing information regarding my child's health status and any previous experiences of unusual feelings during physical activity.
- Both my child and I understand that he/she is not obliged to complete any activity during the workshop. However, he/she is obliged to stop an activity at any point and for any reason, without question.
- My child has no illness or injury that may affect his/her ability to successfully participate in the workshop.

Signature of Parent: _____

Date: _____

I hereby declare that I have answered any concerns that may have been raised.

Signature of Member of Staff: _____

Date: _____