

Youth Circus ICE and PAR-Q

In Case of Emergency and Physical Activity Readiness Questionnaire For participants under 18 years of age

Parent/guardian to complete this form before child attends any classes with NoFit State Circus.

This information will be stored and used in line with the data protection act and will not be shared with any second parties. The information you give is kept confidentially. Please tell Reception if any of your contact details change or if you feel your child's circus trainer needs to know greater details.

Personal details

Details will be kept and used only for essential contact (emergencies, rebooking, time changes, cancellations etc.) by our Reception team. We will **NOT** contact you for marketing or promotional purposes and we will **NEVER** give your information to any third parties without your permission. You can indicate if you wish to do so at the bottom of this form. * = Indicates required

* Child's name	
* Date of Birth	
* Home address	

Parent/Guardian Emergency contact details (ICE)

* Name	
* Relationship to child	
* Contact number(s)	
* Email	

Parent/Guardian Emergency contact details (ICE)

* Name	
* Relationship to child	
* Contact number(s)	
* Email	

Child's Medical Information (PAR-Q)

<p>* Does your child have any pre-existing medical conditions that you feel we should be aware of? e.g. Medical or physical, emotional, social or behavioural etc.</p>	
<p>* Is your child on any medication? If so what.</p>	
<p>Do you consider your child to have a disability/impairment? (Note - the Equality Act 2010 defines a disability as a physical or mental impairment which has substantial and long-term (lasting more than 12 months) adverse effect on your ability to carry out normal day-to-day activities)</p>	
<p>If so please advise us on how we can help your child get the most from their learning experience with us.</p>	

Has your child ever been told they should only do physical activity recommended by a doctor?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Does your child feel pain in their chest when they do a physical activity?	Y <input type="checkbox"/>	N <input type="checkbox"/>
In the past month has your child felt pain in their chest when not doing a physical activity?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Does your child lose their balance because of dizziness or do they ever lose consciousness?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Does your child ever have a bone or joint problem (for example, back, knee or hip) that could be made worse by physical activity?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is your doctor currently prescribing your child drugs (for example water pills) for blood pressure or a heart condition?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Do you know of any other reason why your child should not do physical activity?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If you have answered yes to any of the above, please give details below:		

Please let Reception and/or your Trainer know if anything changes

Photo Permissions

Sometimes we take photographs for our archives or for marketing purposes. Please tick the boxes below if you do not want your child's image to be used for specific purposes:	
If you do NOT want us to photograph or film your child for our funding applications	<input type="checkbox"/>
If you do NOT want us to photograph or film your child for marketing purposes	<input type="checkbox"/>

For participants aged 11+ only: Permission to leave alone?

<p>Parents/Guardians, please sign inside this box if you are happy for your child to arrive and leave our training space without you. This permission also gives them allows to leave the training space to use the toilet facilities alone. (If you are not happy for this we require you to collect your child from our space after each class and they will need to use toilet facilities in pairs).</p>	<div style="background-color: #e0e0ff; height: 40px; margin-bottom: 5px;"></div> <p style="color: #808080; font-size: small;">Click or tap here to enter text.</p> <p>Signature</p>
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Please sign and date below to confirm all the information you have given is correct and you agree to our terms and conditions. By signing below you are also agreeing to NoFit State Community Circus Ltd acting in loco parentis and if the need arises administering emergency first aid, and/or other medical treatment required in line with the medical information given on the ICE and PAR-Q form.	
<p>Signature (Parent or guardian)</p> <div style="background-color: #e0e0ff; height: 30px; margin-bottom: 5px;"></div> <p style="color: #808080; font-size: small;">Click or tap here to enter text.</p>	<p>Date</p> <p style="color: #808080; font-size: small;">Click or tap to enter a date.</p>

Optional questions for parents/guardians:

Are you currently a paid member of NoFit State?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Would you like to find out about becoming a member or about how you can support NoFit State charity activities by becoming a supporter?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Annual membership is only £5. Would you like to join today?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Would you like to receive our monthly newsletter by email?	Y <input type="checkbox"/>	N <input type="checkbox"/>

Keeping in touch

If you would like to be kept up to date with our news and activities please indicate tick ✓ how we may contact you:					
Email	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Mail	<input type="checkbox"/>
(Third Party)	<input type="checkbox"/>	(Third Party)	<input type="checkbox"/>	(Third Party)	<input type="checkbox"/>