



PISCES POLE STUDIO LTD

Stronger together, building confidence and community

the Pisces way!

PAR-Q FOR MINORS (UNDER 18s)

MINOR'S DETAILS

Full Name: _____

Date of Birth: _____

Age: _____

PARENT / LEGAL GUARDIAN DETAILS

Full Name: _____

Relationship to Minor: _____

Primary Contact Number: _____

Email Address: _____

GENERAL HEALTH

Tick **Yes** or **No** for each question:

1. Has a doctor ever said your child has a heart condition or should only do physical activity recommended by a doctor?

☐ Yes ☐ No

2. Does your child ever feel faint, dizzy, or lose balance during exercise?

☐ Yes ☐ No

3. Has your child ever experienced chest pain during exercise?

☐ Yes ☐ No

4. Does your child have asthma or breathing difficulties?

☐ Yes ☐ No

If yes, do they carry an inhaler? ☐ Yes ☐ No

5. Has your child ever had seizures, fits, or epilepsy?

☐ Yes ☐ No

6. Does your child have any bone, joint, or muscle problems that could be made worse by physical activity?

☐ Yes ☐ No

7. Has your child had any recent injuries (sprains, fractures, dislocations, etc.)?

☐ Yes ☐ No If yes, provide details:

8. Does your child have any diagnosed additional needs (SEN, sensory needs, behavioural conditions)?

☐ Yes ☐ No If yes, provide details:

9. Does your child take any regular medication?

☐ Yes ☐ No If yes, list medication and purpose:

10. Does your child have any allergies (including food, medication, latex, plasters)?

☐ Yes ☐ No If yes, list allergies: _____

EMERGENCY ACTION INFORMATION

If your child has a condition requiring a specific response (e.g., asthma attack, seizure, allergic reaction), outline the steps to be taken:

ADDITIONAL INFORMATION

Is there anything else we should know to help keep your child safe during pole or aerial activities?

PARENT/GUARDIAN DECLARATION

I confirm that the information provided is accurate and complete. I understand that it is my responsibility to update Pisces Pole Studio Ltd with any changes to my child's health or medical status. I understand that failure to disclose relevant information may increase the risk of injury.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

Instructor Signature (Studio Use): _____

Date: _____