

# KIDS FITNESS CAMP

## MEDICAL CLEARANCE FORM



**active8**  
HEALTH & FITNESS

**M:** 0427 729 306  
**E:** trent@activ8fitness.com.au  
**W:** www.activ8fitness.com.au

ABN: 203 886 819 25

**THIS FORM MUST BE FILLED OUT AND HANDED IN AT THE BEGINNING OF THE FIRST SESSION**

Child Name/s:

DOB:

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Your Name:

Address:

Suburb:

Postcode:

Phone numbers: (H)

(M)

Email:

Best person to contact in the case of an emergency?

Relationship:

Ph No:

### MEDICAL HISTORY

Is there, for any reason, a need to have special supervision for your child/children?

**Y / N**

If so, please state:

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Does your child/children take **ANY** medication?

**Y / N**

Please state:

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Has your child/children had any surgery, injuries, bone or joint problems?

**Y / N**

Please state:

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Does your child/children suffer from:

- Asthmas
  - Epilepsy
  - High / Low Blood pressure
  - Hearing problems
  - Allergies
  - **Any** other medical condition
- Other: \_\_\_\_\_

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### MISCELLANEOUS

What would you/your child like to out of the holiday camp?

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Has your child attended a camp in the past?      Activ8: **Y / N**      Other: \_\_\_\_\_

Why did you attend to this camp?

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How did you hear about us?

Brochure / flyers    Location: \_\_\_\_\_

Word of mouth       Website       Email       Newspaper

Other: \_\_\_\_\_

### CONDITIONS

- \* *Payment must be made in full prior or at the beginning of the first session. Credits or refunds will not be given for non-attendance, missed sessions or any change of mind.*
- \* *10% discount for the following camp, if payment is received prior or at the commencement of the current camp.*

I / parent / guardian

Hereby consent my Child / Children

to attend the Activ8 Health and Fitness children holiday camp. I warrant no liability attached to Activ8 Health and Fitness as a whole, or to any staff member for any damage or injury caused by, arising out of, or as a consequence of, any act performed by my child, or such omission of act by my child. I further warrant that no liability attaches to Activ8 Health and Fitness for any temporary and/or permanent injury to my child during the course of the activity. I hereby authorise the staff of Activ8 Health and Fitness to organise medical and/or hospital treatment as they see any necessary at my expense.

**Print:** \_\_\_\_\_  
(Full Name)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_