

Screening And Informed Consent Form

I _____ (print name) hereby give my consent for my
child _____ (print Child's Name) to participate in the
**Galway City Cougars Cheerleading Squad classes and any other events that may be
 scheduled the year September 2010 to July 2011.**

I am aware that my child will be participating in a sport which contains strenuous exercise. I recognise that exercise carries some risks such as muscle and joint injury sprains, strains, dizziness, discomfort in breathing and heart attack. I understand these risks and it is my choice to have my child participate in this exercise. I hereby certify that I know of no medical problem (unless listed below) that would increase her/his risk of illness and injury as a result of her/his participation in this exercise. I give my consent for her photograph to be taken while in case for use on our website and in promotional material.

Childs Name:	Address:
Date of Birth:	Phone:
Emergency Contact:	Emergency Contact Ph No:
GPs Name:	GPs Contact Ph No:

Please tick Yes or No as appropriate. Answer all questions		YES	NO
1	Does s/he have any heart problems or defects?		
2	Is there a history or heart disease/Angina/Stroke in your family?		
3	Does s/he have/ previously had High Blood Pressure?		
4	Does s/he have any other illness or disease?		
	If so, elaborate _____		
5	Is s/he currently taking any medications?		
6	Please list any allergies.		
7	Does s/he have a bone, joint or muscle problem?		
8	Does s/he have back problems?		
10	Do you have a hernia that may be aggravated by resistance training?		
11	Has s/he had surgery in the last 4 months?		
	If so, elaborate _____		
12	Does s/he exercise often?		

I hereby declare that the information above is correct and I have not omitted any important information which may affect my child's ability to exercise.

Name: _____

Signature: _____

Date: _____