

QPASTT PERMISSION FORM– GIRL’S FITNESS GROUP



Your full name: _____

Your mobile number: _____

- | | |
|---|---|
| <input type="checkbox"/> Do you have any of the | <input type="checkbox"/> following medical conditions? Please |
| <input type="checkbox"/> tick for yes: | <input type="checkbox"/> |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Blood Pressure problems |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Allergies |
| Diabetes | Dizziness/Vertigo |
| Pregnant | Asthma |

Please outline treatment required for medical condition:

Please note if you have Asthma you must attach your Asthma Plan to this form and bring your medication to the training sessions

For the comfort of the young women attending no photos or videos will be taken during this group.

Participants who are under 18 years of age must have parent/ guardian consent to attend this activity:

PARENT/GUARDIAN PERMISSION FORM

I allow _____ aged _____, to attend Young Women’s Fitness Group at QPASTT, held every Wednesday 26th April - 14th June from 3.45-5:00pm at QPASTT. I understand this group is being run by a qualified female personal trainer.

Parent/Guardian name: _____

Parent/Guardian signature: _____

Emergency Phone (Home) : _____

Mobile): _____