



UNIGYM SPORTS SUPER CLINICS JANUARY SCHOOL HOLIDAYS



Brooks Road, Newnham
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MUSCLE-BONE SYSTEM

1. In the last six months, has your child had any muscular pain while exercising? Y N

If yes, please explain and indicate where the pain has occurred (eg. 'pain in the back of the right heel' or 'pain on the inside of the right elbow')

1.1 Has a doctor treated this pain? Y N

2. In the last six months, has your child experienced joint pain, or pain in the bones? Y N

If you, please explain and indicate where the pain has occurred (eg. 'front of right leg' or 'behind the knee bone')

2.1. Has this joint pain, or pain in the bone been treated by a doctor? Y N

2.2 Has your child broken any bones or suffered injury to their bones in the last 12 months? Y N

If yes, please explain where and how the break/injury occurred:

BRAIN-MUSCLE SYSTEM

1. Does your child have, or has your child had difficulty/problems with any of the following?

Vision Motor sensory skills Hearing Poor balance/instability Speech/language Sleep apnoea

2. Has your child ever experience a brain or spinal injury? Y N

3. Does your child experience difficulty in the skill of:

Climbing up stairs Walking down stairs None of the above

SPECIAL CONDITIONS

1. Does your child use a 'puffer' or 'ventilator' for asthma? Y N N/A

2. Does your child self-administer Insulin for Diabetes? Y N N/A

3. Does your child have any chronic disability or chronic illness? Y N

If yes, please indicate the condition Cerebral Palsy Hypermobility ADHD Obesity Down Syndrome

Intellectual impairment Other (please specify)

4. Is your child allergic to food, medications, pollens or other allergies or specific environments? Y N

If yes, please explain what causes have been identified with this/these allergy/ies

5. Does your child follow a special diet? Y N

6. Has your child ever been diagnosed with a nutritional deficiency (such as an iron deficiency)? Y N

If yes, please specify the nutritional deficiency

PAYMENT DETAILS

Please select which activity/activities you would like to register your child for

Martial Arts

Danceorama

Balls and Bunkers

Packages available

One Session - \$25

Two Sessions - \$45 (Save \$5)

Three Sessions - \$65 (Save \$10)

Credit Card details

NUMBER

EXPIRY _____

CARD HOLDERS NAME _____

AMOUNT TO BE PAID \$ _____ SIGNATURE _____



Unigym

Sports Super Clinics

January School Holidays



These clinics are designed to introduce young children to a variety of sports that are offered in Tasmania. Participants will develop their basic motor skills, spatial awareness, communication and team work.

Early Bird registrations will receive a Unigym gift pack!
Valid between 12/12/11 - 09/01/12

DANCEORAMA

Date: Tuesday 17 January 2012

Time: 8:30am - 11:30am

Venue: Launceston Unigym, Old Brooks rd, Newnham

Cost per child: \$25

Bookings essential by 5pm Friday 13 January 2012

What to bring: Packed lunch, waterbottle, closed footwear/appropriate clothing

BALLS AND BUNKERS

Date: Tuesday 24 January 2012

Time: 8:30am - 11:30am

Venue: Launceston Unigym, Old Brooks rd, Newnham

Cost per child: \$25

Bookings essential by 5pm Friday 20 January 2012

What to bring: Packed lunch, waterbottle, closed footwear/appropriate clothing and hat

MARTIAL ARTS

Date: Tuesday 31 January 2012

Time: Judo - 8:30am, Wing Chun - 9:30am, Aikido - 10:30am

Venue: Launceston Unigym, Old Brooks rd, Newnham

Cost per child: \$25

Bookings essential by 5pm Friday 27 January 2012

What to bring: Packed lunch, waterbottle and appropriate clothing



For detailed information on all sessions please visit
<http://www.unigym.com.au/launceston/programs/schools/>
or contact Andrew McCarthy on
ph:(03) 6324 3940
e-mail: Andrew.McCarthy@utas.edu.au

EXERCISE AND PHYSICAL ACTIVITY READINESS ASSESSMENT OF CHILDREN AND YOUNG ADOLESCENTS (EXPAPA)*

The information in this form is confidential and is subject to the laws and regulations contained in the Privacy Laws enacted in December 2001.

PERSONAL DETAILS

Name	Date of Birth	M / F
Height (cm)	Weight (kg)	BMI
How old was your child as at 1 January this year?		
Name/s of parent/s or guardian/s		
Home address		
Private home contact ph	Work ph	Mobile ph
Has a GP or specialist referred your child?	Doctor's name	Contact ph
If there is an emergency, specify the person who should be contacted and their emergency phone number:		
Name	Contact ph	

Please note: In case of a medical emergency, an ambulance may be used to transport your child to the nearest medical treatment service.

GENERAL HEALTH

1.	Has your child had surgery in the previous 12 months? <input type="checkbox"/> Y <input type="checkbox"/> N
2.	Are you aware of any medical reason/condition which might prevent your child from participating in an exercise program?
3.	What are your child's favourite hobbies and interests?

HEART-LUNG-OTHER SYSTEMS

<p>1. Does your child have, or has your child had:</p> <input type="checkbox"/> A heart condition (please specify) <input type="checkbox"/> Diabetes (Type I or II – please specify) _____ <input type="checkbox"/> High blood pressure (specify when last taken) <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> High cholesterol <input type="checkbox"/> Unexplained coughing during or after exercise <input type="checkbox"/> Breathing problems or shortness of breath (for example, asthma, emphysema)
<p>2. Does your child experience or has your child experienced:</p> <input type="checkbox"/> Epilepsy or seizures/convulsions (if yes, is it at rest or during exercise?) <input type="checkbox"/> Fainting <input type="checkbox"/> Dizzy spells <input type="checkbox"/> Heart stroke/heart-related illness <input type="checkbox"/> Increased bleeding tendency/haemophilia <input type="checkbox"/> Other (please specify)
<p>3. Does your child have, or has your child had, an eating disorder? <input type="checkbox"/> Y <input type="checkbox"/> N</p>
<p>4. Does your child take any medications for (please name)</p> <input type="checkbox"/> Heart problem <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Attention Deficit Disorder (ADD) <input type="checkbox"/> Asthma, breathing problems <input type="checkbox"/> Allergies <input type="checkbox"/> Blood pressure <input type="checkbox"/> Other (please specify)
<p>4.1 If your child is taking any medication, please state if there are any side effects experienced as a result of taking this medication.</p>

I understand and agree that my child's participation is entirely at my own risk. I am aware of the risks involved in participating (including any specific to my child's health or physical condition), having sought independent medical advice if necessary, and I voluntarily assume all risks associated with my child's participation. I accept that the University of Tasmania ("the University") excludes all liability whatsoever for the death or personal injury that my child may suffer as a result of participating, whatever is the cause, including where the University or its staff are negligent. I forever fully release the University, including its staff, from any such liability and I waive any present or future rights that I may have against any of them in relation to any such death or personal injury. I understand that 'participate' means my child's participation in any University Unigym activities or classes and/or their use of any University Unigym facilities or equipment.

Guardians Signature:

Date: