

CHILD INFORMATION

Name: _____

DOB: _____ Gender: _____ Age: _____

Street: _____

Suburb: _____ State: _____ Post/Zip Code: _____

PARENT/CARER INFORMATION

Name: _____

Street: _____

Suburb: _____ State: _____ Post/Zip Code: _____

Phone: _____ Mobile/Cell: _____

Email: _____

PREFERRED METHOD OF CONTACT

Email _____ Mobile/Cell: _____ Messenger: _____

Permission to be photographed/videoed: Yes No *If yes, please sign waiver/release*

Has child had experience in a gym? Yes No

Do they prefer being on their own/in a pair/in a group?

What games do they like to play? *eg noisy/quiet; building/role play etc*

How do they like to be praised or rewarded?

How do they understand? Verbal instructions/demonstrations/visuals??

What are their strengths?

What areas would you like to see improvement in? Eg Core strength, fine motor etc

How long is their attention span? Less than 30 minutes Greater than 30 minutes

How many commands can they process at any one time? Eg only one at a time, 2, 3...

They are happiest when?

Disability:

Allergies: Yes No *If Yes, please explain*

Sensitive to Noise: Yes No *If yes, please explain sensitivity*

Do you have any strategies or suggestions re noise sensitivity?

Sensitive to Touch: Yes No *If yes, please explain sensitivity*

Do you have any strategies or suggestions re touch sensitivity?

Any other sensory impairment that we should be aware of? Yes No *If yes, please explain sensory impairment*

Do you have any strategies or suggestions re sensory impairment?

Physical Impairment: Yes No

If yes, please provide a medical clearance from Medical Practitioner detailing child's limitations.

COMMUNICATION

Verbal Yes No

Visuals Yes No

Sign language Yes No

MELTDOWNS

Please provide details of any known triggers for meltdowns:

Can child be a danger to themselves or others during a meltdown?

Please provide suggestions/strategies on how to calm/settle in the event of a meltdown.

This form is provided as a resource for Personal Trainers and Volunteers. It is not intended to be fully inclusive of all considerations for working with children with special needs. Parent/Carer should further consult doctors and/or other professionals for advice regarding additional concerns that might affect a gym/exercise program for children with special needs.

Documented Disability

Medicine/Prescriptions

Is child prone to seizures Yes/No If Yes, what type?

Seizure Plan of Action (*when is it considered an emergency?*)

Does child require wheelchair access? Yes No

Will child require assistance to get in and out of wheelchair? Yes No

Does child have a tendency to be a runner? Yes No

Please provide any additional information that will assist us when working with your child.

Make a note of any questions you have here.

DECLARATION

I give my permission for this assessment form to be shared with all trainers and volunteers working with my child in any capacity. I hereby authorize the obtaining on my behalf of such medical assistance as my child may require in the event of an accident or illness. I authorize the administering of such medical treatment deemed necessary by the Medical officer attending.

Print Name

Date:

Signed



WAIVER/RELEASE & MEDICAL FORM

Participant Name:

D.O.B.

Parent/Carer

In consideration of _____, my child, participating in a gym program, the undersigned acknowledges and agrees that:

Specialcise produces promotional material about the program. I understand that my son/daughter may be included in videotape or photography taken during this program. I hereby grant **Specialcise**, its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and or videotape my son/daughter and further to utilize my son/daughter's name, face, likeness, voice and appearance as part of the program and in advertising and promotion of the event.

I further acknowledge and understand and agree that by participating in a gym program at _____ there is a possibility of physical illness or injury (minimal, serious and catastrophic) and that my son/daughter is assuming the risk of such injury by participating. I authorize any representative of _____ to authorize any medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for my son/daughter which may become necessary.

Print Name

Date:

Signed

Participant Name:

D.O.B.

Parent/Carer

In consideration of _____ my child, participating in the Specialcise Gym Program ('the Program'), the undersigned acknowledges and agrees that:

SPECIALCISE MODEL RELEASE (MINOR)

[Insert] (ACN XXX XXX XXX) ('Specialcise') produces promotional material about the Program. I understand that my son/daughter may be included in videotape or photography taken during this Program. I hereby grant Specialcise, its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and or videotape my son/daughter and further to use my son/daughter's name, face, likeness, voice and appearance as part of the Program and in advertising and promotion of the event.

By signing this release, I hereby give Specialcise and their agents and assigns my permission for and on behalf of my Minor, to use or alter the Content and to use the Content in the Media for advertising, promotion, and marketing. I agree that the Content may be combined with other images, text, graphics, film, audio, audio-visual works, and may be modified.

I agree that I and my Minor will have no rights to the Content, and all rights to the Content belong to Specialcise and/or assigns and that by virtue of this release, I waive any right or claim that I or my Minor may have to approve any of the Content or Media. I agree that I and my Minor will make no further claim for any reason to Specialcise and/or assigns.

Content means all photographs, film, audio or other recording, still or moving, taken of me.

Media mean all media including digital, electronic, print, television, film, radio and other media now known or to be invented.

Minor means any natural person under the age of 18 years of age.

RISK AND WAIVER (MINOR)

I understand and agree that by participating in the Program that there is a possibility of harm, physical illness or injury (minimal, serious and catastrophic) and that my son/daughter is at the risk of injury by participating. I am aware of this risk and assume the full risk for any injuries or harm which may occur directly from or is in any way connected as a result of participating in the Program. It is my responsibility to seek the advice of a medical doctor or expert health professional before permitting my Minor to participate in the Program. I must notify Specialcise of any serious illness or injury or any other risk based on a medical doctor's or expert health professional's opinion before my Minor starts any gym program, exercise or fitness class. I waive any Claims or rights that I may otherwise have to start legal proceedings or sue Specialcise's owners, employees, officers, successors or agents for any injuries that may occur. I understand that Specialcise will make no evaluations or recommendations as to whether or not my Minor is capable or physically or mentally fit to engage in the Program.



SPECIALCISE MODEL RELEASE & WAIVER

CONT...

I indemnify Specialcise from any Claim for personal injury or death of any person and any financial loss and damage that may result from or in connection with an act or omission while participating in the Program. I authorize any representative of _____ to authorise or administer medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for my son/daughter which may become necessary. I waive all liability against Specialcise arising from any Claims.

Claims means any action, claim, proceeding, damages and losses (including indirect, incidental, special, consequential), liabilities, costs (including legal costs on a full indemnity basis), penalties, orders, determinations or awards.

I acknowledge and agree that this SPECIALCISE MODEL RELEASE AND WAIVER is binding on my Minor, heirs and legal representatives. I agree that this SPECIALCISE MODEL RELEASE AND WAIVER is irrevocable, to apply in all States and Territories of Australia and worldwide and will be governed by the laws of Queensland, Australia.

I warrant that I am the legal guardian/parent of the Minor, have the full legal capacity to execute this SPECIALCISE MODEL RELEASE AND WAIVER and right to contract in my own name on behalf of the Minor. I have read the above SPECIALCISE MODEL RELEASE AND WAIVER prior to its execution and fully understand and have solely satisfied myself with its contents.

Minors Name

Address

Phone

Signed

Date

Parent Guardians Name

Address

Phone

Signed

Date

Witness Name

Signed

Date
