

Youth Circus ICE and PAR-Q

In Case of Emergency and Physical Activity Readiness Questionnaire For participants under 18 years of age

Parent/guardian to complete this form before child attends any classes with NoFit State Circus.

This information will be stored and used in line with the current data protection act (GDPR 2018) and will not be shared with any second parties. The information you give is kept confidentially. Please tell Reception if any of your contact details change or if you feel your child's circus trainer needs to know more details.

Personal details

Details will be kept and used only for essential contact (emergencies, rebooking, time changes, cancellations etc.) by our Reception team. We will **NOT** contact you for marketing or promotional purposes and we will **NEVER** give your information to any third parties without your permission. You can indicate if you wish to do so at the bottom of this form. *** = Indicates required**

* Child's name	
* Date of birth	
* Home address	

Parent/Guardian Emergency contact details (ICE)

* Name	
* Relationship to child	
* Contact number(s)	
* Email	

Parent/Guardian Emergency contact details (ICE)

* Name	
* Relationship to child	
* Contact number(s)	
* Email	

Child's Medical Information (PAR-Q)

<p>* Does your child have any pre-existing medical conditions that you feel we should be aware of? e.g. Medical or physical, emotional, social or behavioural etc.</p>	
<p>* Is your child on any medication? If so what.</p>	

<p>Has your child ever been told they should only do physical activity recommended by a doctor?</p>	Y	N
<p>Does your child feel pain in their chest when they do a physical activity?</p>	Y	N
<p>In the past month has your child felt pain in their chest when not doing a physical activity?</p>	Y	N
<p>Does your child lose their balance because of dizziness or do they ever lose consciousness?</p>	Y	N
<p>Does your child ever have a bone or joint problem (for example, back, knee or hip) that could be made worse by physical activity?</p>	Y	N
<p>Is your doctor currently prescribing your child drugs (for example water pills) for blood pressure or a heart condition?</p>	Y	N
<p>Do you know of any other reason why your child should not do physical activity?</p>	Y	N
<p>If you have answered yes to any of the above, please give details below:</p>		

Additional information

<p>Do you consider your child to have a disability/impairment? Does your child have any access requirements or additional needs?</p>	
<p>(Note - the Equality Act 2010 defines a disability as a physical or mental impairment which has substantial and long-term (lasting more than 12 months) adverse effect on your ability to carry out normal day-to-day activities)</p>	
<p>Are there any additional ways we can support you/your child with regards to understanding their behavioural wellbeing to ensure they get the most from their learning experience with us?</p>	

Please let Reception and/or your Trainer know if anything changes

Photo Permissions

Sometimes we take photographs for our archives or for marketing purposes and request your permission to do so. We also encourage you to ask your child.		
We may use photographs or film of your child for our funding applications	Y	N
We may use photographs or film of your child for marketing purposes	Y	N

For participants aged 11+ only: Permission to leave alone?

Parents/Guardians, please sign inside this box if you are happy for your child to arrive and leave our training space without you. (If you are not happy for this we require you to collect your child from our space after each class.) Signature
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Disclaimer

NoFit State makes every effort to ensure instruction, equipment and training is as safe as possible. Circus is a physical activity and participation in such activities comes with potential risks. Participants must conduct themselves in a safe manner and are responsible for their own physical health and ability and partake in the activity at their own risk.

Signature required

Please sign and date below to confirm all the information you have given is correct and you agree to our terms and conditions. By signing below you are also agreeing to NoFit State Community Circus Ltd acting in loco parentis and if the need arises administering emergency first aid, and/or other medical treatment required in line with the medical information given on the ICE and PAR-Q form.	
Signature (Parent or guardian)	Date

Optional questions for parents/guardians:

Are you currently a paid member of NoFit State?	Y	N
Would you like to find out about becoming a member or about how you can support NoFit State charity activities by becoming a supporter?	Y	N
Annual membership is only £5. Would you like to join today?	Y	N
Would you like to receive our monthly community newsletter by email?	Y	N

Keeping in touch

If you would like to be kept up to date with our news and activities by email please let us know what you're interested in:					
Shows and Events		Supporting NoFit State		Volunteer Opportunities	
Classes and Workshops		Careers, Casting and Job Opportunities		Emails from genuine Partner organisations	