



CONSENT FORM - YOUTH

I, the undersigned, do hereby acknowledge my consent for my dependent to:

1. Perform a health-related fitness or active rehabilitation appraisal consisting of the evaluation of:
 - Height Weight Body type Girths: Chest, biceps, forearm, abdominal, waist, hip, thigh & calf
 - Skinfolds: Chest, biceps, triceps, subscapular, axilla, abdominal, iliac crest, suprailiac, thigh & calf
 - Posture: Digital photographic images No photographic images - observation & charting only
 - Cardiovascular fitness: Step (mCAFT), treadmill, bike, rower & elliptical
 - Musculoskeletal fitness: Strength, power, endurance, agility, balance & flexibility
 - Functional fitness: Grip Strength, push-ups, partial curl-ups, squats, lunges, vertical jump, back extension, gait, stair climbing & core stability;
2. Answer questions concerning his/her lifestyle, medical, injury, physical activity, and work history;
3. Participate in appraisal measures conducted by a BCAK and CSEP CEP certified Kinesiologist or Exercise Physiologist, who has been trained and certified to administer objective anthropometric, body composition, postural, biomechanical, cardiovascular, musculoskeletal and functional testing protocols, including the Canadian Physical Activity, Fitness and Lifestyle Approach;
4. Perform a supervised exercise or active rehabilitation session (if desired) based on the findings of his/her fitness appraisal, consisting of a warm-up, cardiovascular training, musculoskeletal training, flexibility exercises and a cool down;
5. Have his/her blood pressure, heart rate and blood glucose measured periodically during his/her supervised exercise session(s).

I, the undersigned, do hereby acknowledge my understanding that:

6. My dependent's heart rate, blood pressure and blood glucose will be measured prior to and at the completion of the appraisal if applicable, for the purpose of health screening and monitoring recovery from exercise;
7. The results from my dependent's health-related fitness appraisal will assist in determining the type and amount of physical activity most appropriate for his/her level of fitness and function;
8. There are potential risks during exercise (i.e. episodes of transient light-headedness, loss of consciousness, abnormal blood pressure, chest discomfort, leg cramps and nausea), in rare instances heart rhythm disturbances or heart attacks, and that I on behalf of my dependent, assume wilfully those risks;
9. All nutritional advice provided to my dependent will be based on Canada's Food Guide;
10. My dependent may stop or delay any further exercise if he/she so desires and that the Kinesiologist or Exercise Physiologist may terminate the exercise session upon observation of any symptoms of undue distress or abnormal response;
11. My dependent and I may ask any questions or request further explanation or information about the procedures at any time before, during and after exercise;
12. A \$35 fee will be billed to my dependant for missed appointments and cancellations made without twenty-four hours notice.

I, the undersigned, do hereby acknowledge the obligation:

13. Of my dependent to immediately inform KinActive's staff of any pain, discomfort, fatigue, or any other symptoms that he/she may suffer during and immediately after the appraisal, exercise or active rehabilitation session(s);
14. To have read, understood and completed the Physical Activity Readiness Questionnaire (PAR-Q), and answered NO to all the questions regarding my dependent, and/or received clearance for my dependent to participate in a physical activity or active rehabilitation program from a physician.

This form must be completed, signed and submitted to the Kinesiologist or Exercise Physiologist, along with the completed PAR-Q/PARmed-X/PARmed-X for PREGNANCY form at the time of the appraisal. The form must also be witnessed at the time of signing and the witness must be of the age of majority and independent of KinActive.

I AGREE THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT

Printed name of Dependent

Signature of Parent/Guardian

Date

Printed name of Witness

Signature of Witness

Date