



Physical Activity Readiness Questionnaire (PAR-Q)

Regular physical activity is fun and healthy, and increasingly more children are starting to become more active every day. Being more active is very safe for most children. However, some parents should check with their child's doctor before they start becoming more physically active. If your child is going to participate with Utah Elite Soccer, start by answering the seven questions in the box below. The PAR-Q will tell you if they should check with your doctor before they start. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly:

Check YES or NO

- | | | |
|-----|----|---|
| Yes | No | 1. Has your doctor ever said that your child has a heart condition and that they should only do physical activity recommended by a doctor? |
| Yes | No | 2. Does your child ever feel chest pain while doing physical activity? |
| Yes | No | 3. In the past month, has your child had any chest pain while not doing physical activity? |
| Yes | No | 4. Does your child ever lose balance because of dizziness or lose consciousness? |
| Yes | No | 5. Does your child have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in physical activity? |

Yes No 6. Is your child currently on any prescription drugs? If yes, please explain:

Yes No 7. Do you know of any other reason why your child should not do physical activity? If yes, please explain:

If you answered **YES** to one or more question above, a physician's release form will be required before your child can participate. Your child's health and safety is the number one priority of Utah Elite Soccer LLC.

“I have read, understood and completed this questionnaire. I certify that my child is in the proper health to participate in all activities related to Utah Elite Soccer LLC activities. Any questions I had were answered to my full satisfaction.”

Parent/Guardian **Name** _____ Participant **Name** _____

Parent/Guardian **Signature** _____ **Date** _____

Physicians Release (only if necessary)

It is my understanding that _____ wishes to participate in a soccer camp with Utah Elite Soccer. As the child’s attending physician, and after addressing the marked question(s) in this document with the child’s legal guardians, I have approved my patient for participation in these soccer camps.

Physician **Signature** _____ **Date** _____

Physician **Name** _____ **Phone** _____