



ZES BOUTIQUE STUDIO
Reformer Pilates Fysio Massage

Kids and Young Adults Reformer Pilates PAR-Q Screening Form

Childs name: _____

Age: _____

Height: _____

Health Questions

Does your child have or has he or she ever experienced any of the following (please circle Y or N)?:

1. Chronic back pain in lower back or upper back Y/N
2. Any bone, joint or muscular problems Y / N
3. Any sustained injuries Y / N
4. Multiple fractures Y/N
5. Unexplained muscle weakness Y/N
6. Significant lower limb asymmetry or limping Y/N

Also, please answer the following questions by circling Y or N:

7. Has your child been diagnosed with scoliosis Y/N
8. Is your child under treatment with a physiotherapist Y/N
9. Is there any reason why Reformer Pilates may not be suitable for your child Y / N





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If you have answered 'YES' to any of the above questions please give full details here and seek medical clearance prior to the Reformer Pilates session.

In signing this form, I the parent/guardian of the aforementioned child, affirm that I have read this form in its entirety and I have answered the questions accurately and to the best of my knowledge.

I understand that my child is responsible for monitoring him or herself throughout any Reformer Pilates activity, and should any unusual symptoms occur, my child understands the importance of informing the Reformer Pilates Instructor immediately.

In the event that medical clearance must be obtained before my child's participation in a Reformer Pilates session, I agree to contact the GP or physiotherapist and obtain written permission prior to the commencement of the Reformer Pilates session, and that the permission be given to the instructor.

Please fill out all the details below
(we will safeguard your privacy)

Parent/guardian's signature

Please print name: _____

Date: _____

Address: _____

Telephone number: _____

Please read the Disclaimer of ZES Boutique Studio on the website.



Member at the European Register of Exercise Professionals, nr. 87408