



CONSENT FORM - YOUTH

I, the undersigned, do hereby acknowledge:

- My consent for my dependent to perform a health-related fitness appraisal consisting of the evaluation of:

Standing Height	Grip Strength (R/L)
Weight	Push-Ups (max #)
Waist Circumference	Sit and Reach
Skinfolds (5 sites)	Partial Curl-Ups
Modified Canadian Aerobic Fitness Test (mCAFT)	Vertical Jump/Leg Power
YMCA Cycle Ergometer Submaximal Protocol	Back Extension
Ebbling Submaximal Treadmill Protocol	Submaximal Resistance Training Load Determination
Rockport (1 mile walk)	

- My consent for my dependent to answer questions concerning his/her current levels of physical activity participation and lifestyle behaviours;
- My understanding that heart rate and blood pressure of my dependent will be measured prior to and at the completion of the appraisal for the purpose of health screening and to monitor recovery after aerobic exercise after the appraisal;
- My consent for my dependent to participate in appraisal measures conducted by a CSEP Certified Personal Trainer who has been trained and certified to administer the Canadian Physical Activity, Fitness and Lifestyle Approach protocols. It is also my understanding that the results from the health-related fitness appraisal will assist in determining the type and amount of physical activity most appropriate for my dependent’s level of fitness;
- My consent for my dependent to perform a supervised exercise training 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;
- My consent to have my dependent’s blood pressure and heart rate measured periodically during his/her supervised exercise training session(s) for safety purposes;
- My understanding that there are potential risks during exercise (i.e., episodes of transient lightheadedness, 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 willfully those risks;
- My obligation of my dependent to immediately inform the CSEP Certified Personal Trainer of any pain, discomfort, fatigue, or any other symptoms that he/she may suffer during and immediately after the appraisal and/or exercise training session;
- My understanding that my dependent may stop or delay any further exercise if he/she so desires and that the CSEP Certified Personal Trainer may terminate the exercise session upon observation of any symptoms of undue distress or abnormal response at any point in time;
- My understanding that I and my dependent may ask any questions or request further explanation or information about the procedures at any time before, during, and after exercise;
- My understanding that all nutritional advice provided to my dependent will be based on Canada’s Food Guide;
- That I have read, understood, and completed the Physical Activity Readiness Questionnaire (PAR-Q) and answered NO to all the questions regarding my dependent or received clearance to participate in unrestricted physical activity/exercise from my physician for my dependent to participate.

This form must be completed, signed and submitted to the CSEP Certified Personal Trainer, along with the completed PAR-Q, 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 the organizations administering the appraisal.

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