



# Wimbledon Boxing Club

Youth PAR-Q (Ages 11–17) – To be completed by a Parent/Guardian

Version: 01 May 2026

## Participant details

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency contact: \_\_\_\_\_

## Physical Activity Readiness (PAR-Q)

Question	Yes	No
Has a doctor ever said the young person has a heart condition or should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Has the young person ever experienced chest pain during physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Has the young person had chest pain at rest in the past month?	<input type="checkbox"/>	<input type="checkbox"/>
Does the young person ever lose balance due to dizziness or lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Does the young person have any bone, joint, or muscle problem that could be made worse by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Is the young person currently taking prescribed medication?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any other reason why the young person should not take part in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any question, please provide details below and consider seeking medical advice before participating e.g. medical conditions / injuries / medication:

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## Declaration

- I confirm that the information provided is accurate to the best of my knowledge.
- I understand this form does not provide medical advice and I will seek medical guidance if unsure about the young person's participation.
- I agree to inform the coach of any changes to the young person's health.
- I confirm I will ensure required medication is brought to sessions and that I remain reachable locally during training.

## Signature

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_