



2021 St Brendan's College Gym

St Brendan's College offers students with the opportunity to utilize the state-of-the-art gym facility throughout the year. The Gym opened at the beginning of 2018 and is supervised by highly qualified professionals who specialize specifically in strength and conditioning training. All our training staff are able to provide expert advice on a wide variety of strength programs along with a thorough knowledge in nutrition, speed and agility, flexibility and rehabilitation. Our trainers while also provide every student with an individualized training program to suit their needs.

Cost: \$100.

Age: Students must be at least 15yrs of age (or born in 2006)

Opening times: 3:30pm – 5:00pm (Monday to Friday).

What to bring/wear: towel, covered footwear, appropriate clothing for the gym, water bottle.

In order to begin using the gym facility students must first complete the Pre-Exercise screening form attached and have the paperwork signed by a parent/guardian. A full gym induction will be undertaken by the trainer before using the facility.

Students will be provided with a training program that suits their training experience and needs and must always be adhered to unless negotiated with the Trainer or Director of Sport.

Kind regards

Dallas Williams
Director of Sport
St Brendan's College



St Brendan's College GYM - Pre-Exercise Questionnaire

Personal Details

Name _____ DOB _____

How old was your child as at 1st January this year _____?

Name/s of parent/s or guardian/s _____

Home Ph _____ Mobile _____ Email _____

Childs Mobile _____ Email _____

Doctors Name _____ Contact Ph _____

If there is an emergency, specify the person who should be contacted and their emergency phone number

Name _____ Contact Ph _____

Heart-Lung-Other Systems

Does your child have, or has your child had (if yes specify)?

- A heart condition y/n _____
- Cystic Fibrosis y/n _____
- Diabetes Type I or II y/n _____
- High blood pressure y/n _____
- High Cholesterol y/n _____
- Asthma y/n _____
- Other y/n _____

Signs & Symptoms

Does your child experience, or has your child ever had?

- Epilepsy or seizures/convulsions y/n _____

If yes is it at rest or during exercise? _____

- Fainting y/n _____



• Dizzy spells y/n _____

• Heat stroke/ heat related illness y/n _____

• Increased bleeding tendency/hemophilia y/n _____

• Other y/n _____

Does your child have, or has your child ever had, an eating disorder y/n _____?

Does your child take any medications y/n (please specify) _____?

If your child is taking a medication, please state any side effects experienced as a result of taking this medication: _____

Bone / Muscle System

In the last 6 months, has you child experienced any muscular pain during exercise?

y/n (please specify) _____

In the last 6 months, has you child experienced any joint pain or pain in the bones?

y/n (please specify) _____

Has your child broken any bones or suffered any serious injuries in the last 12 months?

y/n (please specify) _____

Brain / Muscle System

Does your child have, or has your child had difficulty/problems with any of the following (circle):

- Vision
- Hearing
- Speech / language
- Motor sensory skills
- Sleep apnea

Has your child ever experienced a brain or spinal injury?

y/n (please specify) _____



Special Conditions

Does your child use a puffer or ventilator for asthma?

Yes / No / Not Applicable

Does your child self-administer insulin for diabetes?

Yes / No / Not Applicable

Does your child have any chronic disability or chronic illness?

y/n (please specify) _____

Is your child allergic to food, medications, pollens or any other allergens or specific environments?

y/n (please specify) _____

Does your child follow a special diet?

y/n (please specify) _____

Has your child ever been diagnosed with a nutritional deficiency?

y/n (please specify) _____

General Health

Has your child had any surgery in the last 12 months?

y/n (please specify) _____

Are you aware of any medical condition /reason that may affect your child's ability to participate in an exercise program?

y/n (please specify) _____

Informed Consent

I hereby acknowledge that:

- The information provided above about my child's health is, to the best of my knowledge, correct.
- I will inform you immediately if there are any changes to the information provided above.
- I give permission for my child to use the gym facility and training programs at St Brendan's College.

Parent / Guardian Signature: _____ Date: _____