

# Kids in gyms



Guidelines for running physical activity programs for young people in fitness and leisure centres in NSW



© Fitness NSW and The Children's Hospital at Westmead 2003

Reprinted 2004

All rights reserved.

ISBN 0-7347-6135-X

### Acknowledgements

Appreciation is expressed to those agencies and their representatives who contributed to the development of these guidelines. Special acknowledgment is given to members of the Fitness NSW advisory panel:

Dr Robert Parker - Chairperson  
Children's Hospital Institute of Sports Medicine  
Ali Constantino  
Fitness NSW  
Gordon Allen  
Police and Community Youth Clubs  
Sheena Barnes  
NSW Department of Tourism, Sport and Recreation  
Nicole Chambers  
Leichhardt Park Aquatic Centre  
Arthur Chapman  
Stretch-n-Grow  
Rosemary Davis  
NSW Department of Education and Training  
Jason Fountain  
Fitness NSW  
Cathy Gorman-Brown  
NSW Department of Tourism, Sport and Recreation  
Ian Grainger  
Fitness NSW/Fitness Australia, Fitness NSW Board Member  
Peter Hickey  
Prairiewood Leisure Centre  
Liz Jones  
Fitness First  
George Joukador  
Sutherland Leisure Centre  
Susan Kingsmill  
Hiscoes Fitness Centre, Fitness NSW Board Member  
Lisa Mazur  
Fitness NSW  
Regina McLean  
Body Health Fitness Centre  
Gina Stuart  
Central Coast Health  
Niki Taylor  
NSW Department of Tourism, Sport and Recreation  
Liz Wells  
Fitkid, Fitness NSW Board Member

### Author

Dr Robert J Parker  
The Children's Hospital Institute of Sports Medicine (CHISM), The Children's Hospital at Westmead  
Locked Bag 4001  
Westmead NSW 2145  
tel (02) 9845 0761  
fax (02) 9845 0432  
website [www.chism.chw.edu.au](http://www.chism.chw.edu.au)

### Photographs

Julie Howard Photography  
Reprinted with permission from Australian Fitness Network

### Published by

NSW Department of Tourism, Sport and Recreation  
6 Figtree Drive  
Sydney Olympic Park NSW 2127  
Locked Bag 1422  
Silverwater NSW 2128  
tel (02) 9006 3700 or 13 13 02  
fax (02) 9006 3800  
email [info@dsr.nsw.gov.au](mailto:info@dsr.nsw.gov.au)  
website [www.dsr.nsw.gov.au](http://www.dsr.nsw.gov.au)

### Additional copies are available from

Fitness NSW  
23 Chandos Street, Suite 3  
St Leonards NSW 2065  
PO Box 1311  
Crows Nest NSW 1585  
tel (02) 9460 6200  
fax (02) 9460 6211  
email [fitnessnsw@fitnessnsw.com.au](mailto:fitnessnsw@fitnessnsw.com.au)  
website [www.fitnessnsw.com.au](http://www.fitnessnsw.com.au)

and

NSW Department of Tourism, Sport and Recreation

# Contents

<b>Minister's foreword: A message from the Minister for Tourism and Sport and Recreation</b>	<b>2</b>
<b>A message from the Chief Executive, The Children's Hospital at Westmead</b>	<b>3</b>
<b>A message from the Chief Executive Officer, Fitness NSW/Fitness Australia</b>	<b>4</b>
<b>Overview of guidelines</b>	<b>5</b>
<b>Introduction</b>	<b>6</b>
Purpose	6
Background	7
<b>The guidelines</b>	<b>8</b>
Risk management plan	8
Pre-exercise screening and consent procedures	10
Privacy	10
Age of entry and centre membership	10
Staff supervision ratio	12
Insurance	13
Role of the fitness professional	13
<b>Selected references</b>	<b>15</b>
Published documents	15
Websites	17
<b>Attachment one: Working with Children Check requirements</b>	<b>18</b>
<b>Attachment two: Exercise and Physical Activity Readiness Assessment of Children and Young Adolescents (ExPARA)</b>	<b>19</b>
<b>Attachment three: Summary of eligibility requirements and staff:child/adolescent ratios</b>	<b>25</b>
Table 1 Eligibility requirements by age	25
Table 2 Recommended staff/child ratios for structured or supervised programs conducted in centres	26
<b>Attachment four: Frequently asked questions (FAQs)</b>	<b>27</b>

# Minister's foreword



## A message from the Minister for Tourism and Sport and Recreation

Over the past decade there has been an increasing body of evidence supporting active lifestyles as one of the best investments for individual and community health.

The NSW Department of Tourism, Sport and Recreation aims to get more people, more active, more often – because the research tells us this brings enormous benefits to individuals and to communities in general.

In light of the high and increasing prevalence of childhood obesity, these guidelines for the fitness industry will embrace children participating in gyms in a safe and supervised environment.

Developed by Fitness NSW and the Children's Hospital Institute of Sports Medicine they are a great achievement for the fitness industry and one that opens opportunities for fitness centres and gyms to offer children an environment in which to be physically active that has been traditionally dominated by adults.

Effectively addressing the complex issue of childhood obesity requires a coordinated approach and these guidelines are a great example of the collaboration between industry partners moving towards a common goal.

I support the implementation of these guidelines and believe they are an important step in improving the health of the young people of NSW.

**Sandra Nori MP**  
Minister for Tourism and Sport and Recreation

## A message from the Chief Executive, The Children's Hospital at Westmead

The Children's Hospital at Westmead has four roles: caring for sick children; education about child health; research into children's diseases and an advocacy role to promote the health and well being of children and young people. This is why we produced a Charter for Physical Activity and Sport for Children and Youth, a charter which has been adopted extensively throughout Australia. This current publication, written by Dr Robert Parker, Head of Education at The Children's Hospital Institute of Sports Medicine, is a further extension of our advocacy role.



Physical inactivity is a major problem for Australian children. It is one of the main factors leading to the current epidemic of obesity. Physical activity should be fun. It should be safe. It should help children in the development of their social relationships, as well as their physical fitness and it should help establish a pattern of physical activity which continues throughout adult life.

I commend these guidelines. I believe they are an important step in improving the health of our young people, as they will ensure that community fitness and leisure centres will be able to give children and young people, safe, age-appropriate, high quality physical activity programs.

**Professor Kim Oates, AM, MD, MHP, FRCP, FRACP, FRACMA, FAFPHM, DCH  
Chief Executive The Children's Hospital at Westmead**



## **A message from the Chief Executive Officer, Fitness NSW/Fitness Australia**

Once again the Australian fitness industry leads the rest of the world!

Health and fitness centre operators have long struggled with the question of access and exercise for young people – and often the simple answer was just “don’t let them in” – no access, no problem. But at the same time we have known that fitness centres in Australia are a unique resource to assist the battle against childhood obesity and to establish healthy and enduring exercise habits, with the resulting reduction in community health care costs and vast improvement in quality of life.

So Fitness NSW was most excited to have the opportunity to partner with CHISM and work closely with an old friend, Dr Robbie Parker and formulate guidelines that could be embraced by fitness centre owners and operators across the state and ultimately across Australia.

Our sincere thanks go to the NSW Department of Tourism, Sport and Recreation and the Active Australia program for their assistance with the grant monies that got this project underway and most importantly to the driving force and motivator, Dr Robbie, for making it happen.

I look forward to the day when young people can access safe and enjoyable programs within most fitness facilities in this state and across Australia and can commence a lifelong addiction to a balanced healthy lifestyle built on a foundation of appropriate exercise.

These guidelines will become part of the Fitness NSW Code of Practice effective 1 January, 2006. However, the industry would be encouraged to adopt these guidelines prior to the January deadline.

**Ian Grainger**  
CEO – Fitness NSW/Fitness Australia

# Overview of guidelines



## **These guidelines aim to:**

- assist commercial community fitness and leisure centres to provide a wide range of safe and high-quality physical activity programs for healthy children and young adolescents aged five to 16 years
- increase opportunities for children and young adolescents to participate in physical activity programs
- increase the participation rate of children and young adolescents in a wide range of physical activities in safe environments
- enhance business opportunities
- support the *Charter of Physical Activity and Sport for Children and Youth*.

## **In order to achieve these aims, these guidelines address issues associated with:**

- the vulnerability of children and young adolescents
- providing safe environments for conducting physical activities for children and young adolescents
- conducting supervised and unsupervised age-appropriate physical activity programs for children and young adolescents
- providing a wide range of safe and effective physical activity programs for children and young adolescents
- providing appropriate staff supervision of different physical activity programs and centre facilities
- providing appropriate pre-exercise screening procedures for children and young adolescents
- providing centre and staff insurance protection
- providing suitably qualified centre staff to conduct physical activity programs for children and young adolescents.

# Introduction



Regular participation in physical activity by children and young adolescents is essential for their optimum growth, development and ongoing health and well being.

Physical activity provides multiple health benefits to children and young adolescents, including psychological well being, reduced symptoms of depression and anxiety and enhanced self-esteem.

When combined with appropriate dietary modifications, physical activity is effective in modifying factors associated with the metabolic syndrome (hypertension, obesity, insulin resistance and impaired blood fat profiles). Weight bearing and strength training activities also promote the skeletal health of young people.

Physical inactivity is the second largest cause of illness in our country and contributes to a wide range of serious diseases including cardiovascular disease, diabetes, overweight and obesity.

These diseases are beginning to appear among children, with childhood overweight and obesity affecting one in four Australian children. In the 10-year period from 1985 to 1995 the level of combined overweight/obesity in Australian children more than doubled, while the level of obesity tripled in all age groups for both boys and girls. The rate of increase in overweight and obesity in Australia appears to be accelerating sharply accompanied by a similar increase in sedentary leisure-time pursuits.

Three major factors are thought to have contributed to the epidemic of childhood overweight and obesity. These are:

- an increase in sedentary behaviours
- a decline in spontaneous and organised physical activity, and
- an increase in the consumption of energy-dense foods and sugary drinks.

Increasing participation in physical activity among children and young adolescents is one strategy that may help curb the predicted increase in childhood overweight and obesity.

Commercial fitness providers are well placed to offer children and young adolescents safe and enjoyable physical activity opportunities. However, because of the vulnerability of young people, specific guidelines are required to maximise their safety and wellbeing while they are attending physical activity programs.

## Purpose

These guidelines are to help commercial and community fitness and leisure centres provide a range of safe and high-quality physical activity programs for healthy children and young adolescents aged between five and 16 years. Implicit in this is the intention that centres will increase opportunities for children and young adolescents to participate in physical activity programs, and that more children and young adolescents will participate in such programs as a result.

These guidelines outline the minimum requirements for commercial providers of physical activity programs for children and young adolescents, and are designed to supplement the existing *Fitness NSW Code of Practice for Fitness Centres* and support the *Fitness NSW initiative of One-Million-Members-by-2010*.

The guidelines also support the *Charter of Physical Activity and Sport for Children and Youth*, an initiative developed by The Children's Hospital at Westmead in consultation with over 60 parent and community groups, sporting, fitness and recreational clubs and organisations, professional associations, schools, local and state government organisations and national sporting bodies.

A number of specialised activities for children and young adolescents currently conducted in some fitness and leisure centres are not covered in these guidelines. These include boxing, martial arts, abseiling, climbing, wrestling, ballet and dance classes, yoga and pilates.



## Background

An initial draft of the guidelines was developed following a systematic review of the electronic databases, data made available to Fitness NSW and results from a survey of all Fitness NSW members.

Of those who responded to the survey, 74 per cent confirmed that they conducted physical activity programs for children or young adolescents. These programs included general fitness activities; group fitness classes, including circuit weights-based classes; resistance training; dance classes and swim classes. There are currently no industry guidelines about the establishment of such programs.

The survey identified several areas of concern, including the need to:

- establish the minimum age of membership and entry requirements
- define appropriate qualifications for staff involved in physical activity programs for children and young adolescents
- provide a pre-exercise health screening questionnaire for children and young adolescents
- establish safety criteria for the use of equipment by children and young adolescents
- establish appropriate staff to student supervision ratios for different types of exercise programs for children and young adolescents.

The draft guidelines were refined with additional consultation and advice provided by the following groups and organisations: Fitness NSW, the NSW Department of Tourism, Sport and Recreation, NSW Department of Health, Central Coast Health, NSW Department of Education and Training, The Commission for Children and Young People, the Children's Hospital Institute of Sports Medicine, The Children's Hospital at Westmead, Police and Community Youth Clubs, NSW Heart Foundation, NSW fitness and leisure centres, training course providers and Recognised Training Organisations, and independent NSW fitness industry representatives.

# The guidelines

## Risk management plan

All community fitness and leisure centres (hereafter called centres) should have a risk management plan in place that encompasses the safe provision of programs involving children and young adolescents. In adopting these guidelines, those centres that currently have risk management plans should review and update them.

Fitness NSW members can obtain a copy of the Fitness NSW risk management plan from the website at [www.fitnessnsw.com.au](http://www.fitnessnsw.com.au). Alternatively, centres may find useful information in the manual *It's Your Business: a Guide for Directors of Sport and Recreation Organisations*, produced by the NSW Department of Tourism, Sport and Recreation, which is available at the website at [www.dsr.nsw.gov.au](http://www.dsr.nsw.gov.au).

All members of staff should be aware of the centre's risk management plan and the procedures for implementing the plan. All staff must have read and signed a statement to show that they understand the risk management plan. This statement should then be kept in their personnel folder.

In addition to what is contained in the Fitness NSW risk management plan, a centre's risk management plan for children and young adolescents should include additional sections related to:

- duty of care
- the Working with Children Check
- the centre's facility environment
- fitness equipment and children.

### Duty of care

Centres have a duty of care to any child or young adolescent who participates in a physical activity program **within that centre**.

Where a centre conducts physical activity programs for children or young adolescents, it is the responsibility of that centre to provide:

- safe and well-maintained facilities and equipment
- qualified fitness professionals to conduct physical activity classes
- supervision in all areas of the centre
- protection against physical, sexual and emotional abuse and neglect from other centre members, participants and staff
- a policy of safe supervision for change rooms for children and adolescents under the age of 18 years.

The centre must have a written policy outlining its duty of care responsibilities. All staff must have read this policy and signed a statement showing that they understand this duty of care. This statement must be kept in their personnel folder.

Centres engaging people in child-related employment have a range of legal responsibilities which are outlined below.



## **Working with Children Check**

In centres where child-related activities or services are provided, employers have a range of responsibilities under the Working with Children Check legislation. The check helps to reduce the likelihood that unsuitable people will be engaged to work in paid or unpaid roles with children or young adolescents.

Under NSW legislation, it is an offence for a person convicted of prohibited or registrable offences to apply for, remain in, or undertake paid or unpaid child-related employment. All people entering paid child-related employment must also undergo a series of background checks before they begin their employment.

NSW Department of Tourism, Sport and Recreation administers the Working with Children Check on behalf of the NSW fitness industry. All centres and child-related employees (paid, unpaid and volunteers) must meet the relevant requirements of the Working with Children Check.

These requirements can be found in Attachment one.

## **The centre's facility environment**

All centres must meet minimum quality standards to ensure the safety of their users. By law, every centre in NSW must comply with the *Occupational Health and Safety Act 2000* (NSW). It is also recommended that all centres comply with the voluntary *NSW Fitness Industry Code of Practice* (NSW Department of Fair Trading, 1998). Clause 39 of the code requires that centres ensure that all exercise areas contain safe working spaces, and that the number of people using any given space does not hinder the safe and effective use of the training equipment used in that space.

Where classes are conducted for children or young adolescents, the exercise environment should be inviting and appropriate, which might be achieved by the use of colour and other appropriate visual stimuli.

## **Fitness equipment and children**

Most resistance training equipment used in centres is designed for adults. Because children's limbs and bodies are substantially shorter than those of adults, the lever systems of such equipment often do not suit children. In addition, machines designed for adults, while offering some level of adjustment, simply do not offer the level of adjustment required to accommodate a child or an adolescent. Children and young adolescents should not use equipment that cannot be suitably adjusted for them, as this could lead to injury.

The use of free weights may also lead to injury in children and young adolescents through improper lifting techniques and lack of adult supervision. Close adult supervision by appropriately qualified staff (see Role of the fitness professional, page 13) is therefore essential when free weights are used by children and/or young adolescents.

Some resistance training equipment specifically designed for use by children may be recommended. Centres that offer physical activity classes for children and young adolescents using resistance weight training or electronic cardiovascular equipment should ensure that all equipment can accommodate the physiological and biomechanical differences between children, adolescents and adults.



## Pre-exercise screening and consent procedures

Parents or guardians of children or adolescents under the age of 16 years must complete a pre-exercise questionnaire if their children want to participate in a centre's physical activity program. (Clause 24 of the NSW Fitness Industry Code of Practice indicates that it is compulsory for all consumers who participate in any physical activity program within a centre to complete a pre-exercise screening questionnaire.) All questionnaires completed by parents or guardians on behalf of children and young adolescents must be assessed by a fitness professional who has completed a Certificate IV Specialisation Module in Exercise for Children and Young Adolescents (see Role of the fitness professional, page 13) before the commencement of any type of physical activity at the centre.

The pre-exercise screening questionnaire for children and adolescents under the age of 16 years must include:

- emergency contact details
- medical/health history – if any serious risk factors are identified there must be provision for a medical practitioner to authorise further participation in the relevant activity
- physical activity history – listing type of activity, frequency and intensity
- a disclaimer
- a parent or guardian signature giving authorisation and consent
- a countersignature by the fitness professional or centre official indicating approval.

Attachment two is an example of an Exercise and Physical Activity Readiness Assessment (ExPARA) questionnaire developed by the Children's Hospital Institute of Sports Medicine (CHISM) in association with Fitness NSW.

## Privacy

In December 2001, the *National Privacy Act 2001* was introduced in Australia. Under the act, centres are included in the definition of a 'health service provider'. In respect of health service providers and through its 10 national privacy principles, the legislation promotes greater openness between health service providers and consumers regarding the collection, handling and storage of health information.

This includes a general right of access for consumers to their own health records. The act requires health service providers to have documentation available that clearly sets out their policies for the management of personal information. All centres and outsourced contractors must conform to these national privacy principles.

## Age of entry and centre membership

The ages at which children and young adolescents may enter or become members of centres will depend on the type of classes or programs available at each centre. Classes or programs are divided into the following categories:

- non-weights-based group fitness classes and use of cardiovascular equipment
- weights-based group fitness classes
- unsupervised resistance training
- other structured or supervised programs.



## Non-weights-based group fitness classes and use of cardiovascular equipment

For the purposes of centre membership and the use of centre facilities and services as a centre member, it is recommended that the minimum age of entry to centres be 14 years of age for participation in general adult non-weights-based group fitness exercise classes, including water-based activities and use of cardiovascular equipment. A pre-exercise screen should be assessed by a member of staff who has completed a Certificate IV Specialisation Module in Exercise for Children and Young Adolescents (see Role of the fitness professional, page 13) before the individual concerned commences any exercise program.

## Weights-based group fitness classes

For the purposes of centre membership and the use of centre facilities and services as a centre member, it is recommended that the minimum age of entry be 16 years of age for participation in adults weights-based group fitness classes, including adults weights-based circuit classes and classes that incorporate boxing type exercises. A pre-exercise screen should be assessed by a qualified member of staff who has completed a Certificate IV Specialisation Module in Exercise for Children and Young Adolescents (see Role of the fitness professional, page 13) before the individual concerned commences any exercise program.

## Unsupervised resistance training

For the purposes of centre membership and the use of centre facilities and services as a centre member, it is recommended that the minimum age of entry be 16 years of age for participation in unsupervised resistance training. An unsupervised resistance training program should only occur after a pre-exercise screen has been assessed by a member of staff who has completed a Certificate IV Specialisation Module in Exercise for Children and Young Adolescents (see Role of the fitness professional, page 13), and an initial resistance training program has been developed and supervised by a suitably qualified member of staff.

Where a centre staff member is placed in a position of one-on-one supervision, or supervises a group fitness class behind closed doors with children or young adolescents, that person is subject to all laws and requirements under the *Child Protection (Prohibited Employment) Act 1998* (NSW) and the *Child Protection (Offenders Registration) Act 2000* (NSW).

## Other structured or supervised programs

For participation in other structured or supervised physical activity programs by groups such as those of schools, sports teams, swim classes or junior elite athlete training squads, or other special physical activity programs conducted by a centre and instructed by qualified centre staff or other outsourced qualified fitness professionals (see Role of the fitness professional, page 13), the minimum age of entry to a centre should be at the discretion of the centre. All children and young adolescents under the age of 18 years and participating in other structured or supervised programs (including all school groups) should have a pre-exercise screen assessed by a member of staff who has completed a Certificate IV Specialisation Module in Exercise for Children and Young Adolescents before beginning the exercise program.

In the instance of school groups using centre facilities and services, the pre-exercise screen must be completed and consented by a child's parent or guardian. In the case of school groups, it is the responsibility of schools to provide to the centre or facility a signed pre-exercise screen form for every child or adolescent using the centre facility.

Restrictions that apply to the minimum age of entry to a centre when a person wishes to participate in other structured or supervised physical activity programs may be influenced by such factors as:

- staff qualifications and availability
- the type and range of physical activity programs that can be offered (such as programs for sporting teams, junior athlete squads, school groups, water-based activities and swim classes)
- space and equipment availability.

Centres must clearly define and display the minimum age of entry for children. Once the minimum age of entry requirement has been defined, the centre must follow these limits strictly for legal liability reasons.



## Membership contracts

Normally, it is recommended that parents or guardians sign centre membership contracts entered into by children or young adolescents under the age of 18 years. However, centres may, at their discretion, sign a membership contract directly with an adolescent between 16 and 18 years old. Membership contracts entered into by a child or young adolescent under the age of 16 years must be signed by a parent or guardian.

## Casual use of facilities by children and young adolescents

No children or adolescents under the age of 14 years should be admitted into a centre unless they are part of a scheduled program or are participants in:

- a sporting team
- a junior athletic squad
- a school group
- a special physical activity program conducted by the centre
- a water-based or swim class
- other supervised or structured activities.

See Table 1 in Attachment three for a summary of this information.

## Staff supervision ratio

Staff to child/adolescent ratios will depend on the type of classes or programs available at each centre and whether centres provide structured programs for outside groups (see Casual use of facilities by children and young adolescents, above). In such cases, staff supervision is categorised as either:

- supervised or structured group fitness classes or
- supervised or structured resistance training programs.

### Supervised or structured group fitness classes

For supervised or structured group fitness classes, including weights-based group fitness classes (including body weight, bands and free weight equipment) and circuit weight training classes (including hydraulic, pneumatic or appropriate pin-loaded equipment), it is recommended that the staff to child/adolescent ratio be at least one centre staff member to 25 students (1:25).

Where supervised or structured group fitness classes are conducted for school-aged groups, a teacher from the school must also be present at all times during the class. The staff to child/adolescent ratio may exceed 1:25 on the proviso that, for each increment of between 1 and 25 school students over the initial class size of 25 students, there is an additional supervising teacher present.



## Supervised or structured resistance training programs

For supervised or structured resistance training programs, it is recommended that the staff to child/adolescent ratio not exceed 1:8. Where supervised or structured resistance training is being supervised as part of a school group's activities, a teacher from the school must also be present at all times during the training program.

During supervised or structured physical activity programs for school-aged groups, the role of the fitness professional is to conduct safe exercise programs and the role of the teacher is to maintain general class discipline and control. See Table 2 in Attachment three for a summary of this information.

## Insurance

Where a centre is to conduct physical activity programs for children or young adolescents, it must have an insurance package that provides coverage for this special population. Major considerations should be the level of the centre's public liability and professional indemnity insurance cover.

Children and young adolescents who attend a centre as part of a school-based organised activity are covered under the Supplementary Sporting Injuries Benefits Scheme (1984) on the proviso that there is a teacher present at all times during the physical activity session. This scheme covers accidents or injuries that occur during any official school sporting activity or Department of Tourism, Sport and Recreation organised program. This cover includes transportation to and from the centre.

It is recommended that all centres confirm in writing with their respective insurance companies that their public liability and professional indemnity insurance includes cover for physical activity programs for children and young adolescents.

## Role of the fitness professional

Fitness professionals who are responsible for conducting physical activity programs for children and young adolescents must:

- obtain the skills and qualifications necessary to lead children's physical activity programs (see below)
- hold current cardiopulmonary resuscitation (CPR) and first aid qualifications
- have had a Working with Children Check
- have appropriate insurance.

## Staff requirements

Fitness professionals providing a fitness service for children and young adolescents under the age of 16 years in a centre are required to meet the minimum requirements of the NSW fitness industry. These include all of the following:

- a current Fitness Australia registration
- a current CPR and first aid certificate
- successful completion of the relevant Sport and Recreation Training Australia (SRTA) Certificate IV Specialisation Module in Exercise for Children and Young Adolescents or an equivalent Fitness NSW/Fitness Australia-approved Module in Exercise for Children and Young Adolescents.



### **Outsourced contractor organisations**

Outsourced contractor organisations that conduct physical activity programs for children and young adolescents in centres should conform to all aspects of these guidelines, particularly in relation to:

- insurance
- pre-exercise screening and consent procedures
- staff supervision
- staff qualifications
- the *National Privacy Act*
- their duty of care, including child protection legislation
- knowledge of the centre's risk management policy and plan.

# Selected references

## Published documents

American Academy of Pediatrics (1990) Strength training, weight and power lifting, and body building by children and adolescents. *Pediatrics* 86(5): 801–03.

American Academy of Pediatrics (2001) *Strength training by children and adolescents*. *Pediatrics* 107(6): 1470–1472.

American College of Sports Medicine (1995) *ASCM's Guidelines for Exercise Testing and Prescription* (5th edn). Baltimore: Williams and Wilkins.

American College of Sports Medicine (1997) Exercise prescription: recommendations for children. *Certified News* 7(1): 1–6.

American College of Sports Medicine (1998) Joint statement: recommendations for cardiovascular screening, staffing, and emergency policies at health/fitness facilities. *Medicine Science in Sports & Exercise* 30(6): 1009–1018.

Australian Sports Commission (1998) *Codes of Behaviour*. Canberra: Australian Sports Commission.

Australian Sports Medicine Federation (1990) *Guidelines for Safety in Children's Sport-Gymnastics*. Canberra: Australian Sports Medicine Federation.

Australian Sports Medicine Federation (1990) *Guidelines for Safety in Children's Sport-Weight Training*. Canberra: Australian Sports Medicine Federation.

Bar-Or O. (1994) Childhood and adolescent physical activity and fitness and adult risk profile. Chapter 63 in Bouchard C. (Ed) *Physical Activity, Fitness and Health*. Springfield, IL: Human Kinetics.

Bauman A, Bellew B, Vita P, Brown W, Owen N. (2002) *Getting Australia Active*. Melbourne: National Public Health Partnership.

Bauman A, Wright C, Brown W, Abernathy P, Atkinson R, Bull F, Naughton G, Oldenberg B, Purtell J, Shilton T. (2000) *National Heart Foundation Physical Activity Policy*. Canberra: National Heart Foundation.

Blimkie CJR. (1993) Resistance training during preadolescence: issues and controversies. *Sports Medicine* 5(6): 389–407.

Blimkie CJR. (1993) Benefits and risks of resistance training in children. In Cahill, B and Pearl, A (1993) (eds), *Intensive Participation in Children's Sport*. Champaign, Illinois: Human Kinetics.

Booth ML, Macaskill P, McLellan L, Phongsavan P, Oatley T, Patterson J, Wright J, Bauman A, Baur L. (1997) *NSW Schools Fitness and Physical Activity Survey*. Sydney: NSW Department of Education and Training.

Booth ML, Chey T, Wake M, Norton K, Hesketh K, Dollman J, Robertson I. (2003) Change in the prevalence of overweight and obesity among young Australians, 1969–1997 *American Journal of Clinical Nutrition* 77: 29–36.

Commission for Children and Young People (2000) *Working With Children Check – Guidelines for Employers* Sydney: Commission for Children and Young People.

Cavill N, Biddle S, Sallis J. (2001) Consensus statement: health enhancing physical activity for young people: statement of the United Kingdom expert consensus conference. *Pediatric Exercise Science* 13: 12–25.

Egger G, Donovan R, Corti B, Bush F, Swinburn B. (1999) *National Physical Activity Guidelines: Scientific Background Report*. Canberra: Commonwealth Department of Health Population Studies Group.



Faigenbaum AD, Kraemer WJ, Cahill B, Chandler J, Dziados J, Elfrink L, Forman E, Gaudiose M, Michelli L, Nitka M, Roberts S. (1996) Youth resistance training: position statement paper and literature review. *Strength and Conditioning* 10(2): 109–14.

Fitness NSW (2001) *One-Million-Members-by-2010. An initiative for the growth of the NSW Fitness Industry*. Sydney: Fitness NSW.

Health Education Authority (1998) *Young and Active: Policy Framework for Young People and Health Enhancing Activity*. London: Health Education Authority.

Malina R, Bouchard C, Bar-Or O. (2004) *Growth Maturation and Physical Activity*. Champaign, Illinois: Human Kinetics.

NSW Childhood Obesity Secretariat (2002) *Childhood Obesity: Background Paper*. Sydney: NSW Health Department.

NSW Department of Education and Training (1999) *Guidelines for the Safe Conduct of Sport and Physical Activity in Schools*. Sydney: NSW Department of Education and Training.

NSW Department of Fair Trading (1998) *NSW Fitness Industry Code of Practice*. Sydney: NSW Department of Fair Trading.

NSW Department of Sport and Recreation (2002) *It's Your Business: a Guide for Directors of Sport and Recreation Organisations*. Sydney: NSW Department of Sport and Recreation.

NSW Department of Sport and Recreation (2002) *Child Protection: a Simple Guide for Sport and Recreation Organisations*. Sydney: NSW Department of Sport and Recreation.

NSW Health Department (2002) *NSW Childhood Obesity Summit: Communique*. Sydney: NSW Health Department.

NSW Physical Activity Taskforce (1998) *Simply Active Every day: a Plan to Promote Physical Activity in NSW 1998–2002*. Sydney: NSW Health Department, Public Health Division.

New Zealand Sports Medicine Federation (1994) *Guidelines for the Safe Use of Weights by Children and Adolescents*. Dunedin: New Zealand Sports Medicine Federation.

O'Connor HT, Eden BD. (2000) (eds) Recommendations for nutrition and physical activity for Australian children. *Medical Journal of Australia* 173(7): S1–S16.

Parker RJ, Elliott E, Georga A, Booth ML. (2003) Charter of physical activity and sport for children and youth *Australia and New Zealand Journal of Public Health* 27(5): 517–519.

Sallis JF, Patrick K. (1994) Physical activity guidelines for adolescence: consensus statement. *Pediatric Exercise Science* 6: 302–14.

Sports Medicine Australia (1997) *Safety Guidelines for Children in Sport and Recreation*. Canberra: Sports Medicine Australia.

Shilton T, Naughton G. (2001) *Physical Activity and Children: a Statement of Importance and Call to Action from the Heart Foundation*. Canberra: National Heart Foundation of Australia.

Stratton G, Jones M, Fox K et al (2002) *Guidelines for Resistance Training in Young People: Executive Summary*. London: British Association of Sport and Exercise Sciences.

Suter and Associates Leisure and Tourism Planners (2000) *Physical Activity Guidelines for Local Councils: Preliminary Draft Guidelines*. Canberra: Local Government Association.



Trosk S (2003) *Discussion Paper for the Development of Recommendations for Children's and Youths' Participation in Health Promoting Physical Activity*. Canberra: Australian Department of Health and Ageing.

Twisk JWR. (2001) Physical activity guidelines for children and adolescents: a critical review. *Sports Medicine* 31(8): 617–27.

United States Department of Health and Human Services (1996) *Physical Activity and Health: a Report of the Surgeon General*. Atlanta, GA: US Department of Health and Human Services, Centre for Disease Control and Prevention, National Centre for Chronic Disease Prevention and Health Promotion.

## Websites

Children's Hospital Institute of Sports Medicine (CHISM)  
[www.chism.chw.edu.au](http://www.chism.chw.edu.au)

Fitness NSW  
[www.fitnessnsw.com.au](http://www.fitnessnsw.com.au)

NSW Commission for Children and Young People  
[www.kids.nsw.gov.au/check](http://www.kids.nsw.gov.au/check)

NSW Department of Tourism, Sport and Recreation  
[www.dsr.nsw.gov.au](http://www.dsr.nsw.gov.au)

Play by the Rules (a South Australian government initiative)  
[www.playbytherules.net.au](http://www.playbytherules.net.au)

The Office of the Federal Privacy Commissioner  
[www.privacy.gov.au](http://www.privacy.gov.au)

# Attachment one

## Working with Children Check requirements

(Commission for Children and Young People 2004)

All centres and child-related employees (paid, unpaid and volunteers) must meet the relevant requirements of the Working with Children Check. The Working with Children Check *Guidelines for Employers* are available on the Commission for Children and Young People's website at [www.kids.nsw.gov.au/check](http://www.kids.nsw.gov.au/check) or on NSW Department of Tourism, Sport and Recreation's website at [www.dsr.nsw.gov.au](http://www.dsr.nsw.gov.au).

The following is a brief summary of the requirements of the Working with Children Check. Centres are encouraged to read the guidelines when establishing their responsibilities.

1. It is an offence under the *Child Protection (Prohibited Employment) Act 1998* for a person who has been convicted of a serious sex offence or a registrable offence under the *Child Protection (Offenders Registration) Act 2000*, to apply for, undertake or remain in child-related employment. It is also an offence for a centre or employer to employ a person without first asking him or her to declare whether or not they are a prohibited person. Making a false declaration is also an offence.

All existing employees and preferred applicants for paid and unpaid employment (including volunteers) who are working in or seeking child-related employment must sign a prohibited employment declaration to declare their status. This requirement includes employees and volunteers from interstate while they are involved in child-related employment in New South Wales. Centres must securely file declarations.

If an applicant discloses that he or she is a prohibited person, that person cannot be employed in child-related employment. If an existing employee discloses that she or he is a prohibited person, that person must be removed from child-related employment. Centres are encouraged to find alternative employment for these people where possible.

2. It is mandatory for preferred applicants for paid child-related employment to have background checks conducted on them before they commence employment. These background checks, or employment screening, include checking of relevant criminal records, relevant apprehended violence orders and relevant employment proceedings. The Working with Children Check process involves:

- the centre registering with NSW Department of Tourism, Sport and Recreation to obtain an employer ID number by completing a registration form
- the preferred applicant signing a Working with Children Check consent form to enable the screening process. Preferred applicants' records cannot be checked without their consent. Centres must retain signed consent forms and file them securely.
- the centre completing the Working with Children Check request form and forwarding this to NSW Department of Tourism, Sport and Recreation, the approved screening agency for fitness and leisure centres in NSW
- the centre informing the Commission for Children and Young People if it decides not to employ someone as a result of the findings of the Working with Children Check by completing a standard form available on the commission's website.

Note: All Working with Children Check forms are available on the websites of the Commission for Children and Young People at [www.kids.nsw.gov.au/check](http://www.kids.nsw.gov.au/check) and NSW Department of Tourism, Sport and Recreation at [www.dsr.nsw.gov.au](http://www.dsr.nsw.gov.au).

3. The centre must undertake probity checks (for example, by contacting referees) for all applicants. The Working with Children Check *Guidelines for Employers* provide information which will assist organisations conducting referee checks.

# Attachment two

## Exercise and Physical Activity Readiness Assessment of Children and Young Adolescents (ExPARA)\*

This Exercise and Physical Activity Readiness Assessment (ExPARA) instrument is designed to screen for a wide range of common health-related problems often seen only in children and/or young adolescents.

Centres should develop their own specific exercise prescreen instrument based on the information contained in this ExPARA. Ideally, this instrument should be no more than two A4 pages in length.

Each prescreen instrument should include: a brief statement indicating the purpose of the prescreen, emergency details, medical/health history, parent/guardian informed consent, a disclaimer statement provided by the centre's legal representative and provision for a countersignature by a qualified centre staff member.

### Important information for parents/guardians

The purpose of this form is to ensure we provide every child and/or adolescent with the highest level of care.

For most children, physical activity provides an opportunity for children and adolescents to have fun and promotes the basis for good health and an enhanced quality of life for the future.

However, there are a small number of children or adolescents who may be at risk when participating in an exercise/physical activity program. We ask therefore that you read and complete this questionnaire carefully and return it to the appropriate staff member in charge. The information contained in this form is confidential and is subject to the laws and regulations contained in the privacy laws enacted in December 2001.

### Personal details

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_ BMI: \_\_\_\_\_

How old was your child as at 1 January this year? \_\_\_\_\_

Name/s of parent/s or guardian/s: \_\_\_\_\_

Home Address: \_\_\_\_\_

Private home contact ph: \_\_\_\_\_ Work ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Has a GP or specialist referred your child? \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Contact ph: \_\_\_\_\_

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

Name: \_\_\_\_\_ Contact ph: \_\_\_\_\_

After hours emergency contact ph: \_\_\_\_\_

**Please note:** In case of a medical emergency, an ambulance may be used to transport your child to the nearest medical treatment service.



### Heart-Lung-Other systems

1. Does your child have, or has your child had:

- a heart condition (please specify) \_\_\_\_\_
- Cystic Fibrosis \_\_\_\_\_
- Diabetes (Type I or Type II – please specify) \_\_\_\_\_
- High blood pressure (specify when last taken) \_\_\_\_\_
- High cholesterol \_\_\_\_\_
- Unexplained coughing during or after exercise \_\_\_\_\_
- Breathing problems or shortness of breath (for example, asthma, emphysema) \_\_\_\_\_

2. Does your child experience or has your child ever experienced:

- epilepsy or seizures/convulsions \_\_\_\_\_

If yes, is it at rest or during exercise?

- fainting
- dizzy spells
- heat stroke/heat-related illness
- increased bleeding tendency/haemophilia
- other (please specify) \_\_\_\_\_

3. Does your child have, or has your child had, an eating disorder?

- Yes       No

4. Does your child take any medications for (please name):

- heart problem \_\_\_\_\_  epilepsy \_\_\_\_\_
- diabetes \_\_\_\_\_  Attention Deficit Disorder (ADD) \_\_\_\_\_
- asthma, breathing problems \_\_\_\_\_  allergies \_\_\_\_\_
- blood pressure \_\_\_\_\_
- other (please specify) \_\_\_\_\_

4.1 If your child is taking any medication, please state if there are any side effects experienced as a result of taking this medication: \_\_\_\_\_

\_\_\_\_\_



### Muscle-Bone system

1. In the last six months, has your child had any muscular pain while exercising?

- Yes
- No

If yes, please explain and indicate where the pain has occurred (eg. 'pain in the back of the right heel' or 'pain on the inside of the right elbow'): \_\_\_\_\_

1.1 Has a doctor treated this pain?

- Yes
- No

2. In the last six months, has your child experienced joint pain, or pain in the bones?

- Yes
- No

If yes, please explain and indicate where the pain has occurred (eg. 'front of right leg' or 'behind my knee bone'): \_\_\_\_\_

2.1 Has this joint pain, or pain in the bone been treated by a doctor?

- Yes
- No

2.2 Has your child broken any bones or suffered injury to their bones in the last 12 months?

- Yes
- No

If yes, please explain where and how the break/injury occurred. \_\_\_\_\_

### Brain-Muscle system

1. Does your child have, or has your child had difficulty/problems with any of the following?

- vision
- motor sensory skills
- hearing
- poor balance/instability
- speech/language
- sleep apnoea

2. Has your child ever experienced a brain or spinal injury?

- Yes
- No

3. Does your child experience difficulty in the skill of:

- climbing up stairs
- walking down stairs
- none of the above



## Special conditions

1. Does your child use a 'puffer' or 'ventilator' for asthma?

Yes       No       Not applicable

2. Does your child self-administer insulin for Diabetes?

Yes       No       Not applicable

3. Does your child have any chronic disability or chronic illness?

Yes       No

If yes, please indicate the condition:

Cerebral Palsy       Hypermobility  
 ADHD       Obesity  
 Downs Syndrome       Intellectual impairment  
 Other (please specify): \_\_\_\_\_

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

Yes       No

If yes, please explain what causes have been identified with this/these allergy/ies: \_\_\_\_\_

5. Does your child follow a special diet?

Yes       No

6. Has your child ever been diagnosed with a nutritional deficiency (such as non-iron deficiency)?

Yes       No

If yes, please specify the nutritional deficiency : \_\_\_\_\_



## General health

1. Has your child had surgery in the previous 12 months?

Yes       No

2. Are you aware of any medical reason/condition which might prevent your child from participating in an exercise program?

Yes       No

If yes, please explain: \_\_\_\_\_

3. What are your child's favourite hobbies and interests? \_\_\_\_\_

## Informed consent

I hereby acknowledge that:

- The information provided above regarding 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 commence your physical activity program.

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

**Disclaimer: Centres should add a disclaimer clause as recommended by the centre's legal advisers.**

\*The copyright on this questionnaire belongs to the Children's Hospital Institute of Sports Medicine and the document is reproduced with the Institute's permission.



## Administration only: Referral to Medical Practitioner

- Child/adolescent has no risk factors >> cleared to participate in physical activity program
- Child/adolescent has one or more Heart-Lung-Other risks >> refer to Medical Practitioner
- Child/adolescent has one or more risks from Muscle-Bone and/or Brain-Muscle systems or Special conditions and General health sections. >> Possibly refer to a Medical Practitioner or appropriate allied health professional\*\*

\*\*Name and title of allied health professional child/adolescent is referred to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Signatures

Parent/Guardian: \_\_\_\_\_ Fitness professional: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

# Attachment three

## Summary of eligibility requirements and staff:child/adolescent ratios

Table 1 Eligibility requirements by age

Age of child/young adolescent	Eligibility requirements
16–17 years	<ul style="list-style-type: none"> <li>■ Eligible for centre membership</li> <li>■ Normally parent/guardian signature on membership contract required but may be left to discretion of centre</li> <li>■ Must complete pre-exercise screen questionnaire prior to commencement of any program</li> <li>■ Parent/guardian signature on questionnaire left to discretion of centre</li> <li>■ Can use centre facilities as casual member (where appropriate)</li> <li>■ Eligible to participate in:               <ul style="list-style-type: none"> <li>– non-weights-based group fitness classes</li> <li>– water-based classes</li> <li>– weights-based group fitness classes (including circuits and boxing type exercises)</li> </ul> </li> <li>■ Eligible to participate in unsupervised resistance training on provisos that:               <ul style="list-style-type: none"> <li>– pre-exercise screen has been assessed by qualified staff member</li> <li>– an initial resistance training program has been written and is to be supervised by a qualified member of staff.</li> </ul> </li> <li>■ Eligible to use cardiovascular equipment unsupervised</li> </ul>
14–15 years	<ul style="list-style-type: none"> <li>■ Eligible for centre membership</li> <li>■ Parent/guardian must sign membership contract</li> <li>■ Must complete pre-exercise screen questionnaire prior to commencement of any program</li> <li>■ Parent/guardian must sign questionnaire on behalf of young adolescent</li> <li>■ Can use centre facilities as casual member (where appropriate) without parent/guardian supervision</li> <li>■ Eligible to participate in:               <ul style="list-style-type: none"> <li>– non-weights-based group fitness classes</li> <li>– water-based classes</li> </ul> </li> <li>■ Eligible to use cardiovascular equipment unsupervised</li> <li>■ May participate in structured or supervised group activities determined at discretion of centre</li> <li>■ Not eligible to participate in unsupervised resistance training or weights-based group fitness classes (including circuits and boxing type exercises)</li> </ul>



### 12–13 years

- Not eligible for centre membership
- Must complete pre-exercise screen questionnaire prior to commencement of any program
- Parent/guardian must sign questionnaire on behalf of child/young adolescent
- May participate in structured or supervised group activities determined at discretion of centre
- Not eligible to participate in unsupervised resistance training or weights-based group fitness classes (including circuits and boxing type exercises)
- Not eligible to use cardiovascular equipment unsupervised

---

### Under 12 years

- Not eligible for centre membership
- Must complete pre-exercise screen questionnaire prior to commencement of any program
- Parent/guardian must sign questionnaire on behalf of child/young adolescent
- May participate in structured or supervised group activities determined at discretion of centre
- Not eligible to participate in unsupervised resistance training or weights-based group fitness classes (including circuits and boxing type exercises)
- Not eligible to use cardiovascular equipment unsupervised

---

**Table 2 Recommended staff/child ratios for structured or supervised programs conducted in centres**

Staff/child ratio	Structured/supervised programs
1:25*†	Conducting structured or supervised group fitness classes (including non-weights-based and weights-based group fitness classes and circuit weight training classes).
1:8*	Conducting supervised or structured resistance training.

\*For school groups, a teacher must be present at all times in addition to the instructor.

†Ratio may exceed 1:25 on proviso that for each increment of between 1 and 25 students, there must be one (1) additional class teacher present.

# Attachment four

## Frequently Asked Questions (FAQs)

### 1. What qualification do I need in order to instruct specific classes for children or young adolescents?

You need a minimum Certificate III qualification plus registration in any one of the three Fitness Australia registration categories (Aqua, Group or Gym), plus completion of the relevant Sport and Recreation Australia Certificate IV Specialisation Unit, or Fitness Australia/Fitness NSW approved course in exercise prescription for children and young people (see page 13, Staff requirements).

### 2. Do I need special qualifications to instruct a 14 or 15 year-old adolescent or group of adolescents who are participating in my general adult non-weights based group fitness exercise class?

No, but prior to participating in your class, the adolescent/s must have completed an exercise prescreen, consented by a parent or guardian, and assessed by a member of staff who has attained the minimum qualification outlined in Question 1 above (see page 10, Pre-exercise screening and consent procedures).

### 3. A centre has been providing fitness classes for the local schools for the past 15 years. Does that centre now have to limit attendances to children and adolescents aged 16 years and over?

No, the centre is not required to limit attendance to children and adolescents over 16 years. The guidelines state that children may be admitted to a centre as "casual users" if they are part of a "scheduled" program, such as school groups, sporting teams or other supervised or structured activities (see page 12, Casual use of facilities by children and young people).

### 4. A gym/centre has no instructor who has completed the Certificate IV Specialisation module in exercise prescription for children and young adolescents but all instructors are qualified at Certificate III and all have the appropriate Fitness NSW registration requirements. A 15 year-old wishes to do an adult Bodystep class. Under the guidelines, can the 15 year-old participate in the adult Bodystep class?

Yes, the 15 year-old can participate in an adult non-weights based group fitness class as well as an adult class incorporating the use of cardiovascular equipment, so long as that 15 year-old has been prescreened, the exercise prescreen has been consented by a parent or guardian, and the prescreen has been assessed by a qualified member of staff who meets the criteria set out in Question 1 above (see page 13, Staff requirements).

### 5. A gym has two Certificate III-trained Bodystep Instructors, 'A' and 'B'. Instructor 'A' also has completed the Certificate IV Specialisation Unit in children's exercise prescription. Under the guidelines, centres can allow adolescents from the age of 14 years to participate in adult-based Bodystep classes. If instructor 'A' cannot conduct the Bodystep class due to illness or some other misadventure, can the class now be run by instructor 'B' who does not have the Certificate IV Specialisation module, but happens to be the centres' best group instructor?

Yes, instructor 'B' can take the class, on the proviso that all adolescents who are under the age of 18 years and who participate in the class have completed an exercise prescreen, which has been assessed by a "qualified" member of staff who meets the criteria set out in Question 1 above (see page 13, Staff requirements).

### 6. A 14 year-old has just been refused entry to an adult boxing-type class. You are then informed that the 14 year-old has been taking formal karate classes, training twice each week for the past 4 years. What explanation do you give to the 14 year-old and their parents/guardians?

There are two issues here. The first is the issue of a 14 year-old having received formal instruction from a "qualified" karate coach outside of the gym/centre setting. This issue lies outside of the domain of the guidelines. The second issue is whether a 14 year-old is permitted, under the guidelines, to participate in an adult boxing-type class at the centre. The guidelines state that the minimum age for participation in adult classes that incorporate boxing-type exercises is 16 years (see page 11, Weights-based group fitness classes).

- 
- 7. A leisure centre currently has primary school-aged groups attending the centre for school sport. The most popular class/activity is circuit weight training, which has approximately 24 year five and six children in each circuit class. Can the centre continue to run these classes under the new guidelines and, if so, what should be the staff to student ratio?**

The guidelines recommend that supervised or structured group fitness classes for children and or adolescents, including weights-based group fitness classes and circuit weight training, is appropriate on the proviso that there is at least one qualified staff member to 25 students. Where a school group is involved, there also must be in attendance in the class at least one teacher for each 25 students. So, if there were 24 year five and six children in the class, there should be one qualified staff member from the centre and one teacher from the school (see page 12, Staff supervision ratio).

It is also the responsibility of the school to ensure that all children who participate have completed an exercise prescreen, and that the prescreen has been consented by a parent or guardian (see page 11, Other structured or supervised programs).

- 8. The parents of a 14 year-old have signed a 'restricted' membership for their child. Is it appropriate for centre staff who have a general Certificate IV qualification to assess the child's exercise prescreen?**

No. Only staff who have the Certificate III qualification, plus registration in any one of the three Fitness Australia registration categories and have completed the Certificate IV Specialisation module in exercise prescription for children and young adolescents may assess the 14 year-old's prescreen questionnaire.

- 9. A school sends a group of high-school students to a centre as part of their school-sport program. What is the maximum number of children who can participate in a non-weights-based fitness class and how may centre staff need to be in attendance? In order for the centre to be compliant with the new guidelines, are there other issues that need to be considered?**

The recommended staff to child/adolescent ratio is at least one staff member to 25 students (1:25). For each increment of between one and 25 students over the initial class size of 25 school students, there should be an additional supervising teacher present (see page 12, Staff supervision ratio). So, a school group of 30 year eight students, for example, would have one instructor and two teachers present. The maximum class size will be determined at the discretion of the centre or facility, but should take into account the level of appropriate supervision and safety issues.

- 10. If our centre commences physical activity classes for children and/or young adolescents, do all of our staff need to have a "Working with Children Check"?**

In centres where child-related activities or services are provided, all employees have a range of responsibilities under the Working with Children Check. In addition, all centres should develop a risk management plan and all staff should be made familiar with this plan and the implementation procedures (see page 8, Risk management plan).

- 11. Is it necessary for adolescents aged 16 to 18 years to complete a pre-exercise screening questionnaire and should this be signed by a parent/guardian?**

The guidelines state that all children and young adolescents under the age of 18 years should have a pre-exercise screen and that this questionnaire be assessed by a qualified member of staff before beginning an exercise program (see page 11, Other structured or supervised programs).

As the guidelines also state that a centre/facility membership contract may be signed directly with an adolescent aged 16 to 18 years (see page 12, Membership contracts), a pre-exercise screening questionnaire may also be signed by an adolescent aged 16 to 18 years. However, normally, it is recommended that parents/guardians sign an exercise prescreen for adolescents between 16 and 18 years.