

# *Kids Get Fit!*

## **REGISTRATION / MEDICAL HISTORY FORM**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Elementary School child attends: \_\_\_\_\_

Sensible strength exercise is a safe, effective, and efficient means for increasing muscle strength and enhancing physical fitness. However, for maximum benefits and minimum risks it is important to follow a sound strength training and cardiovascular exercise program.

To assist us in designing the best possible program for you, please answer the following questions regarding medical contraindications.

1. Any surgery within the past year? \_\_\_\_\_ Please explain. \_\_\_\_\_

\_\_\_\_\_

2. Any history of muscle, bone, or joint injury, pain or cramping in the upper extremities (shoulder, elbow, hand)? \_\_\_\_\_ Please explain including any treatment received. \_\_\_\_\_

\_\_\_\_\_

3. Any history of muscle, bone or joint injury, pain or cramping in the lower extremities (hip, knee, ankle)? \_\_\_\_\_ Please explain including any treatment received. \_\_\_\_\_

\_\_\_\_\_

4. Any history of back pain (cervical, thoracic, or lumbar)? \_\_\_\_\_ Please explain including any treatment received. \_\_\_\_\_

\_\_\_\_\_

5. Any history of head or neck injury? \_\_\_\_\_ Please explain including any treatment received. \_\_\_\_\_

\_\_\_\_\_

6. Any history of heart disease? \_\_\_\_\_ Please explain including any surgery or procedures received. \_\_\_\_\_

\_\_\_\_\_

7. Any history of high blood pressure? \_\_\_\_\_ Please list blood pressure medications you are taking. \_\_\_\_\_

\_\_\_\_\_

8. Diagnosed with diabetes, epilepsy, asthma and/or life threatening allergies \_\_\_\_\_ Please list related medications you are taking. \_\_\_\_\_

\_\_\_\_\_

9. Presently being treated by a physician? \_\_\_\_\_ Please list prescribed medications you are taking that may affect your exercise performance. \_\_\_\_\_

\_\_\_\_\_

10. Any physical limitations, or other conditions not listed elsewhere on this form that require a specialized workout program? \_\_\_\_\_

\_\_\_\_\_

11. Please describe your child's present level of fitness (poor, fair, average, above average). \_\_\_\_\_

I agree to participate in the *Get Fit Solution* strength fitness program, according to the guidelines established, upon the understanding and condition that:

- (1) To the best of my knowledge, there is no medical reason to prevent me from exercising with the *Get Fit Solution*. I acknowledge that I have been advised of medical risks that may result from such participation and I represent that I have consulted my personal physician and am physically capable of such participation without injury or that I have decided to participate in the exercise activities, programs, and/or use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs, and/or use of equipment.
- (2) I recognize the risks of illness and injury inherent in any exercise program and am participating upon the express agreement and understanding that I am hereby waiving and releasing the *Get Fit Solution* from and against any and all claims, costs, liabilities, expenses, or judgments, including attorney's fees and court costs from, and hereby agree to indemnify and hold harmless the *Get fit Solution* from and against any and all claims, except for illness and injury directly resulting from gross negligence or willful misconduct on the part of the Get Fit Solution.
- (3) I hereby execute and deliver this WAIVER AND RELEASE to include the *Get Fit Solution* to permit me to participate in its program.
- (4) **Behavioral Expectation: If for any reason your child cannot behave in a proper and respectful manner you will be contacted to pick up your child which could lead to further exclusion from the program.**
- (5) In consideration of gaining access to participate in activities associated with the "Get Fit Kids" program, I (parent's name) \_\_\_\_\_ will assume responsibility for risks arising out said exercise activities and give permission for (child's name) \_\_\_\_\_ to participate in the "Get Fit Kids" exercise program presented by the Get Fit Solution LLC. I do hereby waive, release liability for injury, and accept this assumption of risk agreement as informed consent.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR PARENT OR GUARDIAN OF PARITCIPANT/MEMBER:**

I have read the information above and hereby give my permission to the *Get Fit Solution* to participate in the fitness programs.

Signature of Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_