



Parental Consent

For Fitness Centre Use by 13-17 year olds

PERSONAL INFORMATION			
Last Name:		First Name:	
Address:			Postal Code:
Phone No.:	Birthdate (dd/mm/yy):	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
PARENT or GUARDIAN			
Last Name:		First Name:	
Business No.:	Cell Phone No.:	E-Mail:	

Please complete the attached PAR Q+ (The Physical Activity Readiness Questionnaire). If you answer 'YES' to one or more of the 7 questions, please proceed to page 2 & 3 of the PAR Q+. You may require a doctor's clearance for exercise before your orientation.

1. Do you have previous experience strength training? Yes No

If yes, from where or with whom? (e.g. Sport Coach, School, Personal Trainer, etc.)

Please describe your previous and/or current strength training program to the Fitness Attendant.

2. What are your goals for this orientation:

3. What are your physical fitness goals?

You may be asked to demonstrate some of the exercises you learn in the orientation to ensure you have proper technique and a good understanding of the fitness principles and goals of your program.

PARENTAL CONSENT FORM	
The City of Richmond (the "City") and its Affiliated Community Associations* (see reverse)	
Name of Child:	Birthdate (dd/mm/yy):
<p>I consent to my child's participation in the use of the Fitness Centre. I am aware that there are risks associated with participation in the Fitness Centre, including the risk of injury, and I consent to my child's participation in spite of such risks. I acknowledge that it is my responsibility to advise the City of any medical or other conditions that may affect my child's participation in the Fitness Centre.</p> <p>In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.</p> <p>I have read this Parental Consent Form and understand and accept its terms.</p>	
Parent/Guardian Signature:	
Name (please print):	Date:

OFFICE USE – ORIENTATION COMPLETED	
Date (dd/mm/yy):	Trainer Initials:
Entered in Class (dd/mm/yy):	Clerk Initials:

Fitness Centre Etiquette

- **RESPECT OTHER USERS:** Groups of no more than 2/3 are allowed to be at one weight or cardio machine at a time.
- **ACT IN A MATURE MANNER:** No tolerance is given to foul language and inappropriate behaviour.
- **WEAR FITNESS CLOTHING AND SHOES:** Appropriate apparel and closed-toed athletic shoes are required.
- **KEEP THE CENTRE CLEAN:** Wipe down machines and benches and return weights and equipment to their proper place following use.
- **SHARE THE SPACE:** Please allow others to 'work in' with you if you are in between sets.
- **TREAT THE EQUIPMENT PROPERLY:** Avoid slamming and intentionally dropping weights.
- **GET TO KNOW THE CENTRE:** Familiarize yourself with the centre's specific guidelines (such as time allotted on cardio machines and storage of bags and small valuables).

Other facility specific guidelines:

Etiquette Agreement

I, _____, understand and accept the responsibilities and agree to abide the fitness policies specific to the Centre I visit. I am aware that the fitness staff, and/or volunteers have the right to decide my eligibility to use the weight and cardio room as part of this agreement.

1. I will act in a manner that respects my fellow fitness patrons
2. I will follow the centre's fitness etiquette and guidelines

Name (print): _____ Date: _____

Signature: _____ Trainer Name: _____



*Community Associations:

