

SOL GYM - SUNNYSIDE
Sports, Health & Fitness Class (SHF)

Circle One: Fall Spring

Session Dates:

Name: _____

E-Mail: _____

Child's name: _____ Address _____

Date: _____

Grade level: _____ Teacher: _____ Room# _____ Cell Phone: _____

Home Phone: _____

Work Phone: _____

Emergency Contact & Phone Number: _____

Name of Pediatrician & phone number: _____

Has a physician advised the child against exercise? _____

Has the child had health problems related to heart, circulatory or respiratory conditions? Yes No

If yes, explain: _____

Do you have, or have you ever had, any of the following conditions? If so, indicate on what side of the body and when the injury was sustained with dates. Please circle all that apply.

- | | | | | |
|---------------|------------|-----------------|-----------------------|-------------------|
| Low back pain | Hip | Bone Fracture | Loss of consciousness | Asthma |
| Finger | Tendonitis | Shoulder Injury | Muscle Strain | Upper back Injury |
| Head/Neck | Knee | Ankle/Foot | Bursitis | Diabetic |
| Arm/Elbow | Wrist/Hand | Allergies | Heart Condition | |

Medications: _____

Other: _____

Allergic to any medicines or foods? Please list: _____

Do you have any physical conditions which may limit your ability to perform an exercise program? _____

Please describe: _____

_____ Please Initial you have read this page

Policies & Procedures

Make CHECKS payable to **Sol Gym** and write your child’s name on the check.

All registrations pages must be with your payment and full payment is due prior to classes starting. Refund Policy: No refunds will be given after the first class. A \$50 Processing fee is not refundable.

All classes are held at Sunnyside Tetherball Courts.

If a child is absent, tuition will not be refunded for a missed class. If the teacher is absent, a suitable substitute will be assigned or the class will be made up.

If class is canceled due to weather, the class will be made up.

Children enrolled must be picked up promptly at the end of class-late fees are \$5.00 a minute until pickup. This fee to be paid prior to next participation in class.

All parents are required to sign their child out upon pickup.

I have answered the preceding questions to the best of my ability. I have understood all the questions asked of me and have been given the opportunity to have any of my concerns clarified to my satisfaction.

Parent/Guardian Signature: _____ Date: _____

TRAINING AGREEMENT AND RELEASE

SOL GYM

Sports, Health & Fitness Class (SHF)

This Agreement is entered into between Client (the purchaser & user, parent/guardian & child) who has signed below and Sol Gym, Inc. (Trainer).

GENERAL: This Agreement concerns a recommendation of a fitness/exercise/work-out program to Client.

FEES: Client agrees to pay a fee for SHF after school Program as designated.

HEALTH STATEMENT: (Assumption of the Risk). Client understands this service is designed and intended for persons in good health, with no aggravating medical or physical problems. Client has provided a statement of medical history to Trainer as a means of assuring Trainer that no such problems exist which could cause difficulty or complication in this program. Trainer has relied on Client’s statement as being accurate and complete, as a condition for entering into this Agreement. As with any fitness program, it is recommended that Client consult with his/her physician before beginning.

RECOMMENDATIONS: Trainer’s dietary and/or fitness recommendations are not intended to diagnose, treat, cure or prevent any disease, condition, or illness. Trainer is not nor purports to be a doctor, nutritionist, or any sort of health care professional. Trainer’s recommendations are intended to help Client reach his/her program goals as expressed to Trainer by Client. Fitness recommendations are designed and intended for persons in good health with no aggravating medical or physical problems. Client therefore accepts fitness recommendations at his/her own risk.

AGE: Parent acknowledges the child is under 18 years of age and takes full responsibility.

DISPUTE: Any disputes connected with this Agreement, its execution, or its interpretation shall be settled by mandatory Binding Arbitration under the Commercial Arbitration Rules of the American Arbitration Association, at San Francisco, California; using a single arbitrator, with the arbitrator’s decision entered into as judgment in any court of competent jurisdiction. The arbitrator shall award attorney fees and cost to the prevailing party if it is equitable to do so, in the arbitrator’s opinion and sole discretion.

_____ Please Initial you have read this page

RELEASE: For and in consideration of my acceptance of the services of Trainer, I, the undersigned, intending to be legally bound hereby exempt and release Trainer, its agents, employees, and assigns from any and all liability or causes of action whatsoever arising out of any damage, loss or injury while in SHF class with Trainer, or while participating in the activities contemplated by this Agreement, whether such loss, damage or injury results from the negligence of Trainer, its owners, agents, employees, or from some other cause. I release from liability of any kind and nature, all facilities being used to train me by Trainer, its agents, representatives, successors, employees and assigns. I further exempt and release Trainer from liability for any injury or illness, known or unknown at the time of execution of this Agreement, and for the known or unknown consequences of such injury which may arise or develop in the future as a result of my participation in the training program, whether such consequence is due to or aggravated by the negligence of Trainer or by some other cause. I further attest that my child has been examined by his/her own physician within the last year and have no physical infirmities, allergies, injuries or illnesses that may effect my fitness to train under any program offered to me by Trainer. I further understand and verify that Trainer is not prescribing vitamins or dietary supplements and to the extent that I am involved in any nutritional program or taking any vitamin or dietary supplements I am doing so of my own volition and at my own risk.

I certify that I have adequate insurance for my child to cover any and all costs for injuries sustained while attending SHF classes.

I represent that I am the parent or legal guardian of the Participant(s) named below or I have obtained permission from the parent/legal guardian of the Participant/student(s) named below to execute this agreement on their behalf.

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I expressly agree to inform my child of any risks in participating in SHF classes. I have read, understand and agree to the above waiver and release. I understand I give up substantial rights by signing it and sign it voluntarily. I acknowledge there are 3 pages within this document.

Parent/Guardian Printed Name: _____ Parent/Guardian
Signature: _____ Dated: _____

(Trainer Signature) _____

The following individuals are authorized to pick up my child – must be 21+.

Name/Relationship: _____ Phone #: _____ Name/
Relationship: _____ Phone #: _____

PLEASE INITIAL:

In the event of an emergency and parent/guardian cannot be reached:

_____ I give permission for my child to go to the Emergency Room AND for my child to receive medical attention.

_____ Other instructions:

_____ Please Initial you have read this page