

Front Desk Use  
Payment made by  
\_\_\_\_\_ Cash  
\_\_\_\_\_ Check  
\_\_\_\_\_ Credit Card  
Payment in full is  
required with form  
submission.

## Youth Personal Training

Any changes to this form prior to the start of training, need to be reported to the personal trainer.

Child's Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please print clearly)

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age \_\_\_\_\_ Gender M ( ) F ( )

Custodial Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail address \_\_\_\_\_ @ \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to the child: \_\_\_\_\_

### Health Status Information Please list any other information, not included, on the back.

Has a doctor ever restricted your child's exercises? Y ( ) N ( )

If yes, \_\_\_\_\_

Are there any restrictions your child currently has for participating in a exercise? Y ( ) N ( )

If yes, \_\_\_\_\_

\_\_\_\_\_ Asthma

\_\_\_\_\_ Pre-existing muscular/skeletal condition (i.e. joint, or back injuries)

\_\_\_\_\_ A Current/ recent injury

\_\_\_\_\_ Medications/Allergies (including food allergies- list on the back)

\_\_\_\_\_ Mental or comprehension conditions (ADD/ADHD – List on back)

\_\_\_\_\_ Neurological/ motor conditions

\_\_\_\_\_ Heart conditions

\_\_\_\_\_ Medical conditions that require a physicians care

\_\_\_\_\_ Conditions not previously listed that would limit full participation

### Physical Activity/Exercise Experience

Does your child participate in our Fit Kid program on a regular basis? Y ( ) N ( )

Is your child involved in any organized sports programs? Y ( ) N ( )

List fitness goals on the back.

Best time to schedule Training Sessions \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Additional Medical information

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## Fitness goals

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Trainer assigned \_\_\_\_\_

Date        \_\_\_\_/\_\_\_\_/\_\_\_\_