

Fit Kid Experience

Health Status and Release Form

Child's Name _____ Birth Date ____/____/____ Current Age ____

Parent/Guardian's Name _____

Phone # (Cell) ____/____/____ (Home or work) ____/____/____

Emergency Contact _____

Phone: ____/____/____ ____/____/____

Health Status Information

If after review, certain conditions listed below need a physician's release the staff will contact you prior to the orientation date. A signed release from your child's physician may be needed to register for this program.

Check if the answer is **Yes** to any of the following. (Feel free to use the back if needed.)

- Asthma (indicate if an inhaler is needed)
- Pre-existing muscular/skeletal condition (i.e. joint, or back injuries)
- Current / recent injury, or any medical situations that would limit physical activity.
- Neurological/ motor conditions
- Heart conditions, or any condition that requires a physician's care
- Any diagnosis we should be aware of that will help us better support your child's needs.

Conditions, not previously listed, that might limit full participation in this exercise program? _____

Release Form

I understand that any physical exercise program carries with it the risk of physical harm. On behalf of myself and my minor child, I assume the risk, that my child could suffer harm as a result of participation in the Fit Kid Experience programs. On behalf of myself and my minor child, I hereby release the City of Cuyahoga Falls from any liability arising out of injuries to my child except injuries caused by the willful or reckless misconduct of City employees.

Signature _____ Date ____/____/____

Parent/Guardian

Print name _____ Date ____/____/____

E-mail address _____ @ _____