

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 _____@_____