

REGISTRATION FORM

JUNIOR CERTIFICATION

Congratulations on your interest in fitness for your child! After completing this program those between the ages of 12-15 will be permitted to use the fitness center, without parental supervision, after successful completion of this program. *This is a mandatory program for all children ages 12-15 to complete if they wish to use any part of the fitness center.* The program consists of two sessions with a personal trainer who will teach your child how to use the equipment safely and effectively. The certification process is completed when the child passes the written test.

Session One:

- Review Study Guide
- Gym etiquette, rules, importance of exercise
- Cardiovascular exercise - importance, operating the equipment, choosing an appropriate intensity level, and a study guide
- Flexibility – importance, how & when to stretch

Session Two:

- Take Exam
- Resistance training - benefits of different types of equipment, learn exercises, proper technique and form
- Designed a "getting started" program

Member Fee: \$99 (\$49.50 per session) / **Complimentary for Platinum members**

Your Weymouth Club account's card on file will automatically be charged on the day of each session.

Child's Name: _____ Birth Date: _____

Parent/Guardian Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail Address: _____ Trainer _____

I represent that my child is in good physical condition and has no disability, impairment or ailment preventing participation in the Jr. Certification program. I recognize that there is a risk of injury in any exercise program. I agree and understand that I am hereby waiving and releasing the Weymouth Club from any claims, costs, liabilities and injuries incurred while on these premises.

Date: _____

Parent/Guardian Signature

HEALTH HISTORY QUESTIONNAIRE

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Has your child ever experienced, been diagnosed with or had a history of:

- | | | |
|---|---|---|
| Y | N | Cardiovascular disease |
| Y | N | High/low blood pressure, heart murmur or heart abnormalities |
| Y | N | Chest discomfort, shortness of breath, palpitations, or fainting |
| Y | N | Musculoskeletal problems |
| Y | N | Joint abnormalities such as laxity, scoliosis, kyphosis or lordosis |
| Y | N | Significant joint injury – knee, shoulder, ankle, or back |
| Y | N | Broken or fractured bones |
| Y | N | Head or spine injury |
| Y | N | Surgery within the past two years |
| Y | N | Convulsive disorders or seizures |
| Y | N | Lung disease or breathing impairment (chronic bronchitis, asthma) |
| Y | N | Metabolic disorder (diabetes type I or II, thyroid disease) |
| Y | N | Learning, emotional or behavioral problems |

Please explain all YES answers:

Is your child currently taking prescription medication? Y N (If Y please list)

Your child will be asked about his/her fitness goals. What would YOU like to see your child achieve from his/her time as Weymouth Club?

Other information we should know before beginning an exercise program with your child

Parent/Guardian Signature _____ Date_____