



Oostburg State Bank Community Fitness Center @Oostburg High School

FITNESS CENTER REGISTRATION FORM

Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work or Cell Phone _____

Emergency Contact #1 _____

Emergency Contact #2 _____

Does your physician(s) know you are participating in a fitness exercise program? _____

Name of Physician _____

Do you have any medical conditions of which fitness center supervisors should be aware?

If you are presently taking any medications, please check with your physician to determine how your medication will affect your exercise performance and your working heart rate, and to be sure it is safe to exercise.

(Please fill out the waiver on the back of this form.)

FOR MINOR:

As a parent or guardian of _____, I do hereby grant permission for my child to participate in the Oostburg State Bank Fitness Center. I acknowledge the risk of accidental injury that may occur to the participant while using the Fitness Center. The cost of ambulance and other medical expenses shall be the parents/guardians responsibility. The Oostburg School District does not provide accident insurance.

My signature below authorizes the release of "Registration Form" information and the treatment by a qualified medical professional in the event of a medical emergency.

Parent Signature _____ Date: _____

Student Signature _____ Date: _____

FOR ADULT:

I acknowledge the risk of accidental injury that may occur while using the Fitness Center. The cost of ambulance and other medical expenses shall be my responsibility. The Oostburg School District does not provide accident insurance.

My signature below authorizes the release of "Registration Form" information and the treatment by a qualified medical professional in the event of a medical emergency.

Signature _____ Date: _____