

KIDSFIT360

REGISTRATION FORM



Name _____

Address _____

City _____

State _____ Zip _____

Day Phone _____

Evening Phone _____

Email _____

Age: _____ Male _____ Female _____

You Ready? Let's Go....

Coach Erik is a Youth Fitness Specialist with the National Academy of Sports Medicine and a former Division 1 Athlete. In this 8-week program our primary focus is on:

- Motor Skills
- Motor Control
- Balance & Coordination
- Cardio, Strength & Flexibility
- Interactive FUN fitness through games, athletic drills, teamwork exercises and more!



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#BOOM!

GENERAL STATEMENT OF PROGRAM OBJECTIVES AND PROCEDURES: I understand that this physical fitness program includes exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscle endurance, strength and flexibility) and to improve body composition (decrease of bad fat in individuals needing to lose fat with an increase in weight of muscle and bone). Exercise may include aerobic activities (treadmill, walking, running, bicycle riding, rowing machine exercises, group aerobic activity, swimming and other aerobic activities), callisthenic exercises, weight lifting to improve muscular strength and endurance and flexibility exercises to improve joint range of motion.

DESCRIPTION OF POTENTIAL RISKS: I understand that the reaction of the heart, lung and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercises which may include abnormalities of blood pressure or heart attacks. Use of the weight lifting equipment and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression and safety procedures are not followed. I understand that CUSTOMFIT360 shall not be liable for any damages arising from personal injuries sustained by the client while and during the PERSONAL TRAINING PROGRAM. Clients using the exercising equipment during the PERSONAL TRAINING PROGRAM do so at his or her own risk. Client assumes full responsibility for any injuries or damages should any occur during the training.

I hereby fully and forever release and discharge CUSTOMFIT360, its assigns and agents from all claims, demands, damages, rights of action, present and future therein, I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, comfort or physical condition if I participate.

PARENT NAME (PRINT): _____

PARENT SIGNATURE (UNDER 18 YEARS): _____ DATE: _____