



## Steve's Club- Registration Form

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

1) Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: (\_\_\_\_) - \_\_\_\_\_ Email: \_\_\_\_\_

2) Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: (\_\_\_\_) - \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_) - \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### CONFIDENTIAL MEDICAL INFORMATION

Does the participant have any allergies? Yes \_\_\_\_ No \_\_\_\_ If Yes please provide details:

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Please advise of any medical conditions, diseases, surgical operations, or mental disorders the participant has had or currently has:

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Does the participant require special care, or is the participant currently taking any prescription or over-the-counter medications? Yes \_\_\_\_ No \_\_\_\_ Please provide details (the more the better!):

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Is there any additional information or details, such as faith requirements or family circumstances, that we should be aware of? Yes \_\_\_\_ No \_\_\_\_ Please provide details:

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## HEALTH ASSESSMENT (circle appropriate answer)

Please indicate if your child has ever been diagnosed with, or has a history of, any of the following:

|   |        |
|---|--------|
| Heart disease?                                | Yes/No |
| Shortness of breath/chest pains/or dizziness? | Yes/No |
| High Blood Pressure?                          | Yes/No |
| Asthma  | Yes/No |
| Diabetes?                                     | Yes/No |
| Family History of Heart Disease?              | Yes/No |
| ADD/ADHD?                                     | Yes/No |
| Irregular Heart Beat?                         |        |

Is your child currently taking any medication? Yes/No Explain \_\_\_\_\_

*Does the participant have problems in the following areas?*

Knees  
Lower Back  
Neck/Shoulders  
Hip/Pelvis  
Any Other

Is there any reason that the participant should not participate in exercise? Yes/No

### **Medical Emergencies Procedures Consent:**

Medical Attention may be necessary from any injuries or accidents that may occur during physical activity. I hereby permit for the coach in charge and for Balance Gym to make arrangements for qualified medical attention for my child in the event of an emergency without requiring my prior approval. I understand that I will be notified by the quickest means possible.

### **Photo Release and Fundraising Consent:**

Balance Gym/Crossfit Glover Park will be periodically taking photos and videos of youth participating in Crossfit Kids classes and activities. These photos may be used on promotional marketing pieces, including but not limited to flyers, websites, and emails. I consent to the use of images of myself and/or my child as indicated above.

Participant Name: \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_