



## Township of Huron Kinloss

### Family Fitness Club Registration Form 2016

The entire form must be completed and accompanied with payment to secure space.

#### FAMILY INFORMATION

Address (including postal code):	Home Phone Number:
Email Address:	Cell Phone Number:

#### PARTICIPANT INFORMATION

(Including children under the age of 1. For 5 or more children please use a second form)

Adult #1 Name:	Par-Q: Y N (next page)
Adult #2 Name:	Par-Q: Y N (next page)
Child #1 Name:	Birthdate: (mm/dd/yy)
Relevant Medical Information:	
Child #2 Name:	Birthdate: (mm/dd/yy)
Relevant Medical Information:	
Child #3 Name:	Birthdate: (mm/dd/yy)
Relevant Medical Information:	
Child #4 Name:	Birthdate: (mm/dd/yy)
Relevant Medical Information:	

#### REGISTRATION INFORMATION

All classes are pre-registered as there is limited space available in each class. Please select which classes you will be attending.  
Please include children under the age of 1.

Please select all classes you and your children will be attending.	<b>Tuesday</b> 9:30AM-10:30AM Tabata/Stretch	<b>Wednesday</b> 6:00-7:00PM Spin/Core	<b>Thursday</b> 5:30PM-6:15PM Insanity/PIYO
	Adult #1	Adult #1	Adult #1
	Adult #2	Adult #2	Adult #2
	Child #1	Child #1	Child #1
	Child #2	Child #2	Child #2
	Child #3	Child #3	Child #3
	Child #4	Child #4	Child #4

#### EMERGENCY CONTACT INFORMATION

Name:	Home Phone Number:
Cell Phone Number:	Relationship to Family:

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## Township of Huron Kinloss

### Physical Activity Readiness Questionnaire

Adult Name: \_\_\_\_\_

*\*Please be aware that all information on completed forms will be confidential*

As promoters of a healthy lifestyle, we're concerned about your well being when participating in our programs. To help identify the type of activity, which is most suited to each individual, we are asking you to complete a PAR-Q as part of the program. This questionnaire is designed to identify individuals for whom an increased physical activity might be inappropriate or those who should seek medical attention prior to program commencement.

Please read carefully and answer "Yes" or "No" to the following questions:

1. Has your family doctor said that you have heart trouble?  Yes  No
2. Do you frequently have pains in your heart or chest?  Yes  No
3. Do you often feel faint or have dizzy spells?  Yes  No
4. Has your doctor ever said that your blood pressure was too high?  Yes  No
5. Has your doctor ever told you that you have a bone or joint problem such as arthritis, which has been aggravated by exercise or might be made worse with exercise?  Yes  No
6. Are you unaccustomed to a steady increase in your physical activity level?  Yes  No
7. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?  Yes  No
8. Do you take medication on a regular basis (heart, asthma)  
If Yes, please list the medication name:  Yes  No

\_\_\_\_\_

If you answered "Yes" to any of the above questions, you should consult your physician before increasing your physical activity level.



## **Township of Huron Kinloss**

### **PHOTO AND VIDEO CONSENT AND RELEASE FORM**

By signing this form, you are consenting to the taking of photographs and/or video recording of your child by the Township of Huron Kinloss for the purposes of marketing and promoting programs. You are assigning to the Township of Huron Kinloss and waiving any rights you have related to any photographs and video recordings and you are consenting to the use of such photographs and/or video recordings, in whole or in part, by the Township of Huron Kinloss. I hereby agree to allow photographs and/or video recordings to be taken of my child, whether posed or candid, while he/she is on Township of Huron Kinloss property and/or participating in Township of Huron Kinloss programs. **Please Initial:**

### **ASSUMPTION OF RISK AND INDEMNIFYING RELEASE**

While Township of Huron Kinloss staff and volunteers will make every reasonable effort to minimize exposure to known risks associated with each Registrant’s participation in a Township of Huron Kinloss program (“Program”), I hereby acknowledge that I and/or my child if I am registering on his/her behalf (collectively, the “Registrant”) may be required, depending on the nature of the program, to participate in various physical activities that may involve a risk of injury. In this regard, I hereby permit the Registrant to participate in the full range of Program activities. In consideration of the Registrants opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and hold harmless the Township of Huron Kinloss, its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns from any and all liability for damages sustained in consequences of loss, injury or damage to the Registrant, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in, the Program. **Please Initial:**

### **DISCLAIMER**

All programs are subject to change or cancellation due to low enrolment or other unforeseen circumstances that are prohibitive to the operation of the program or bus. **Please Initial:**

### **MUNICIPAL FREEDOM OF INFORMATION AND PRIVACY ACT**

In accordance with the Municipal Freedom of Information and Privacy Act, personal information is collected under the authority of the Municipal Act, R.S.O. 1990, c.M45, as amended, and will only be used for the purpose of maintaining adequate records of participation and enrollment in recreation programs and for medical information when required in emergency situations.

### **Payment Information**

**The registration fee for the Family Fitness Club is \$60 for 12 weeks for one child or \$90 for 12 weeks for two children. The Township of Huron-Kinloss accepts cash, cheque, credit or debit (credit and debit available at the Township office, cheques made payable to Township of Huron-Kinloss.**

### **REGISTRATION AGREEMENT**

**By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand the, Assumption of Risk and Indemnifying Release Statement, Medical Emergencies Statement and Disclaimer.**

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

**Participant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_