



Waterloo CSD

Fitness Center Participant Information Form

Name: _____
(Last, First MI)

Address: _____
(# and Street)

(Village/Town) (State) (Zip Code)

Phone: _____

(Cell) (Home) (Work)

Email: _____

Emergency Contact Name: _____ **Phone:** _____

Date of Birth: ____ / ____ / ____ **Sex:** M F Other Prefer not to Disclose
(circle one)

✓one	Participant Classification	Required Paperwork / Verification	Fees
<input type="checkbox"/>	Waterloo CSD current & retired staff, including BOE Approved coaches	Copy of Photo ID Informed Consent & Assumption of Risk Agreement Physician's Medical Clearance Form Fitness Center Participant Information Form	Free
<input type="checkbox"/>	College Student- *Waterloo CSD alumni, *Waterloo CSD current resident	Same as above Valid College ID	Free
<input type="checkbox"/>	Active Military- * Waterloo CSD current resident	Same as above Valid Military ID	Free
<input type="checkbox"/>	Waterloo CSD Resident- *Not any of the above	Same as above	\$75.00 per year

For Office use ONLY

_____ (Expiration)

_____ Date of Physician's Medical Clearance

_____ Date of Informed Consent & Assumption of Risk

_____ Date of Fitness Center Participant Information Form

Fee satisfied Raptor / ID on file _____

(Notes, if applicable) (Start Date) (Director of Health, PE & Athletics Initials/Date)



Waterloo CSD

Informed Consent and Assumption of Risk Agreement

As a condition of using the Waterloo Central School District's Fitness Room, I acknowledge that I have read this form, fully understand it, and agree to its terms and conditions.

1. I hereby acknowledge that I have obtained medical clearance from my physician for use of Fitness Room's equipment and participation in Fitness Room exercise activities and have provided proof of such to the district through a medical clearance form which is signed by my physician. I further understand that I will be solely responsible for monitoring the manner and intensity of my use of the Fitness Room's equipment and participation in its exercise activities and will do so in a way which will not jeopardize my health, safety or physical well-being, or the health, safety, or well-being of other Fitness Room users. In particular, I agree that I am solely responsible for complying with any restrictions identified by my physician as to use of the equipment or participation in exercise activities. I further agree that if any circumstances occur which would impact my physician's medical clearance, I will notify the district and my physician of such.
2. I hereby acknowledge that I have participated in the Fitness Room orientation/training program provided by the district. I agree to follow all directions of the Fitness Room supervisor and acknowledge that failure to follow such directions may result in the termination of my privilege to use the Fitness Center. I further acknowledge that I will be responsible for damaged or broken fitness equipment if I do not utilize it properly or follow the rules.
3. I understand that the Fitness Center supervisor is not responsible for supervising me or monitoring the manner or intensity of my use of the equipment or participation in exercise activities.
4. I hereby acknowledge that my use of the Fitness Center involves risks, such as possible injuries to bones, muscles, tendons and ligaments, dehydration, abnormal blood pressure, fainting and heart disorders (including heart attacks). I assume all risks associated with my use of the Fitness Center.
5. I hereby release the Waterloo Central School District, its Board of Education, its employees, agents, and assigns (in both their corporate and individual capacities), for all claims whatsoever (of any nature) arising from and/or relating to my use of the District's Fitness Center, including, but not limited to claims for personal injury or death, and damage to or loss of personal equipment. I further agree to defend and hold each of them harmless from and against any and all liability, actions, causes of action, debts, claims, demands, or suits at or in equity of any kind and nature whatsoever which may arise, directly or indirectly, by or in connection with the use of the Waterloo CSD Fitness Center.

(Printed Name)

(Phone Number)

(User's Signature)

(date)



Waterloo CSD

Physician's Medical Clearance Form

Name: _____ has requested use of the Waterloo Central School District's Fitness Center. The Fitness Center supervisor is not responsible for supervising persons utilizing the Fitness Center or monitoring the manner or intensity of a person's use of the equipment or participating in exercise activities.

If you know of any medical reason why participation by the applicant would be unwise, please indicate so on this form.

If you have any further questions about the facility, its equipment, or activities, please call the Waterloo Central School District's Athletic Office at 315-539-1557.

PHYSICIAN'S REPORT

I, _____, give clearance for _____
(Name of Physician) (Name of Participant)

to use weights and fitness machines at the Waterloo Central School District's Fitness Center and participate in its exercise activities with the following recommendations and/or restrictions.

Specific Recommendations:

Restrictions:

Attachments: Please check this box if there are any attachments for medical clearance.

Physician's Signature: _____ Date: _____

Physician's Address: _____

Physician's Phone #: _____

******Please note this Medical Clearance Form expires on the last day of the month, two years from the signature date above. It is the sole responsibility of the participant to inform Waterloo CSD of any applicable changes prior to this form's expiration.***

Confidential Information
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