

Kyrene Middle School Fitness Club Application Form

Welcome to the Kyrene Middle School Fitness Club! Please complete this application form if you are interested in joining. We look forward to helping you achieve your fitness goals and have fun!

Student Information

Name: _____

Grade: _____ Homeroom Teacher: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

Health and Fitness Information

Do you have any health conditions or physical limitations we should be aware of? (e.g., asthma, allergies, injuries)

- Yes
- No

If yes, please explain: _____

Do you currently participate in any other sports or physical activities?

- Yes
- No

If yes, please list them: _____

Consent and Emergency Contact Information

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Relationship to Student: _____

Parent/Guardian Consent

I, the undersigned, give permission for my child to participate in the Kyrene Middle School Fitness Club. I understand that the club involves physical activity and that there is a risk of injury. I will not hold the school or club leaders responsible for any injuries that may occur during club activities. I also agree to inform the club leaders of any health conditions or physical limitations that may affect my child's participation.

Parent/Guardian Signature: _____

Date: _____

Student Agreement

I, the undersigned, agree to participate in the Kyrene Middle School Fitness Club. I understand that I am expected to attend meetings regularly, follow the instructions of the club leaders, and show respect to my fellow club members.

Student Signature: _____

Date: _____

Club Schedule

Meeting Times: Tuesdays and Thursdays from 3:30 PM to 4:30 PM

Location: School gymnasium or outdoor fields

Please return this completed application form to Mr. Biles or Mr. Matthews.