



**ORGANIZED AND
SPONSORED BY UMF
FITNESS AND
RECREATION CENTER**

YOUTH FITNESS PROGRAM!

Want your child to use the facility without supervision?

We are offering a 6-week course on how to exercise safely, effectively and utilize the whole facility.

Open to 6th, 7th and 8th grade students

Member rate = \$60

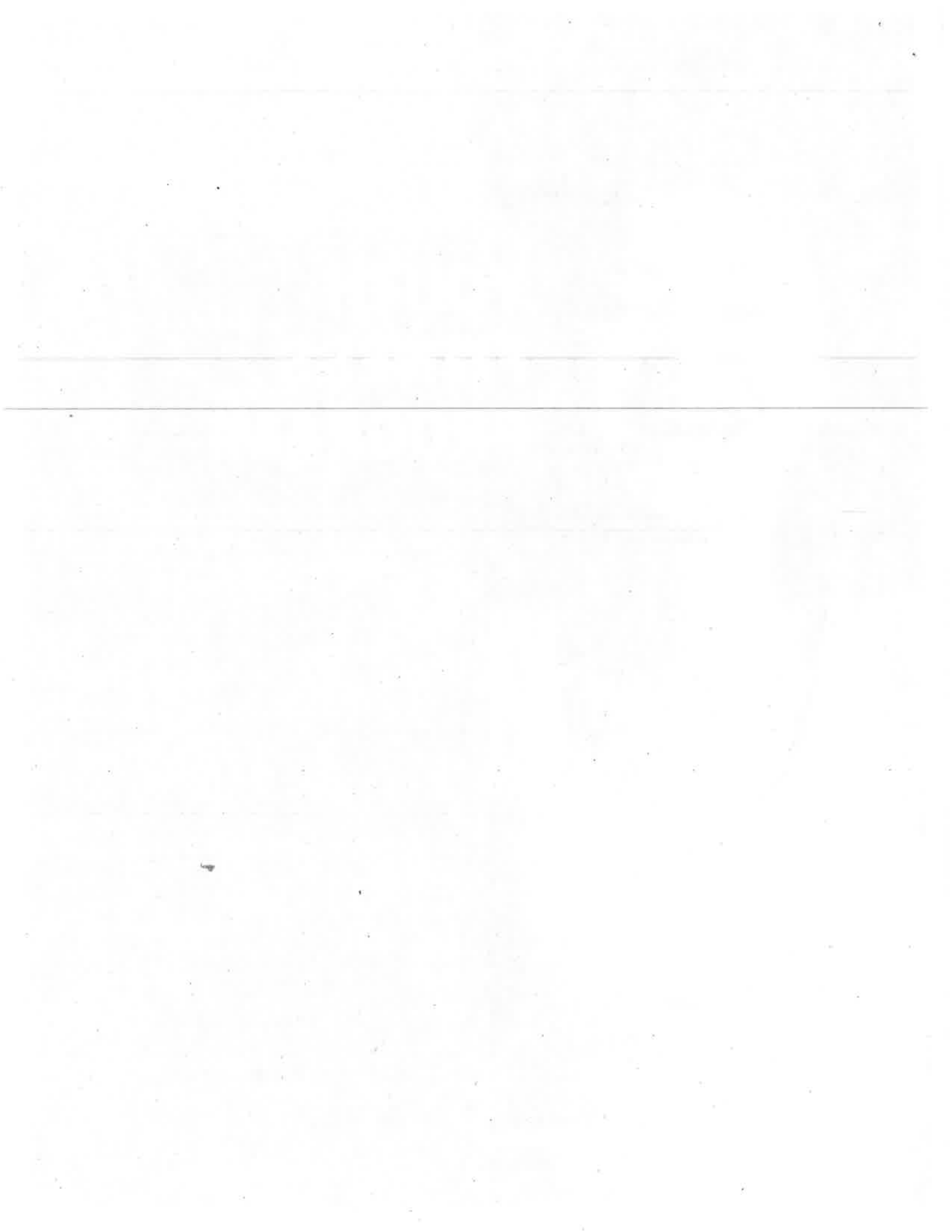
Non-member rate = \$75

Fill out a registration form at the front desk at the FRC.

**EVERY TUESDAY AND
THURSDAY STARTING
DEC 11TH - JAN 17 |
2:30PM - 4:00PM | UMF FRC**

Call us at 207-778-7495 for more details or email Mike @ michael.coella@maine.edu







Registration for Youth Fitness Program

Child's Name: _____ Gender: M F Grade: _____

Address: _____ Age: _____ DOB: _____

Parent Information

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Day Phone: _____

Day Phone: _____

Evening Phone: _____

Evening Phone: _____

Employer: _____

Employer: _____

E-mail: _____

E-mail: _____

I, the parent/guardian of the above mentioned child, understand that full payment is due at this time in full. I understand this class ends at 4:00pm and I am responsible for picking up my child at 4:00pm. I also understand that it is not the Fitness and Recreation Center or its affiliates responsibilities to look after my child after 4:00pm.

Signature _____

Date _____

Photo Release: By checking this box I hereby grant the UMF FRC permission to use, reproduce, publish or distribute any photographs, films, videotapes, and or sound recordings of my child for use in media materials the UMF FRC may create to market this program.

Program Description		Members	Non-Members
6 – Week Program Starts Dec 11th- Jan 17th	<input type="checkbox"/> Each week, your child will learn how to use equipment safely, learn how to perform specific exercises safely, learn how to use the facility, learn how to gain knowledge on exercise and nutrition, and learn proper gym etiquette. <input type="checkbox"/> <u>*Your child is required to attend and successfully complete each session each week of the 6-week program in order use the facility unsupervised. If they miss one session, do not present a good attitude, or does not show competency, they will need to retake the course when offered again. Any and all questions may be directed to Mike Colella, 207-778-7505 or Michael.colella@maine.edu</u>	\$60.00	\$75.00

For Office Use Only

Member \$60.00 Non-Member \$75.00

Date: _____

Did they complete the following forms:

- Waiver
- Emergency Form

Amount paid in full (check box)

Staff Initials _____

This is not a Mt. Blue RSD sponsored event.



Children's Program Waiver

I, _____ the parent/guardian of _____ having enrolled my child in a UMF Fitness and Recreation Center activity, being of legal age, acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to enroll my child in the Youth Fitness Program on Tuesday's and Thursday's starting Dec 11th through Jan 17th and in consideration of my child being permitted to participate in this activity, do voluntarily execute this release and waiver of liability on behalf of my child, myself, my heirs and next of kin, my personal representatives and my estate.
2. That I have been fully informed of the nature, scope and demands of the Youth Fitness Program and understand that this activity may include other similar activities which could be dangerous to my child. Such dangers, hazards and risks of this activity may include, but are not limited to injuries, inflicted by the following: sports activities, physical challenges, pool activities, outdoor activities including but not limited to the following: canoeing, hiking, ropes course, swimming, nature walks, fishing, rock climbing, camping, sailing, paint-ball, water slides, laser tag, white water rafting, kayaking, horseback riding, mountain biking, camping and any other activities the group leader(s) may choose.
3. I hereby release, waive, discharge and covenant not to sue the participants, counselors, students, members, instructors, owners, workers, employees, volunteers, divers, rescue personnel, owners and lessees of premises used to conduct the event(s), and all for the purpose herein referenced to as "releasees,:" from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned arising out of or related to the event(s), whether caused by the negligence of the releasees or otherwise.
4. Hereby agree to indemnify and save and hold harmless the Releasees and each of them from any loss, liability, damage, or cost they may incur arising out of or related to the event(s) whether caused by the negligence of the releasees or otherwise.
5. Hereby assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the event(s) whether caused by the negligence of the releasees or otherwise.
6. Hereby acknowledge that the activities of the event(s) are very dangerous and involve the risk of serious injury and/or death and/or property damage. The undersigned also expressly acknowledges that injuries received may be compounded or increased by negligent rescue operations or procedures of the releasees.
7. Hereby agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of the negligence by the Releasees, including negligent rescue operations and is intended to be as broad and inclusive as is permitted but the laws of the Province or State in which the event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Assented and agreed to on this _____ day of _____, 2018/2019

Signature of Parent/Guardian

I hereby grant the UMF FRC permission to use, reproduce, publish or distribute any photographs, films, videotapes and or sound recordings of my child for use in materials the UMF FRC may create.

Participant's Signature: _____

Parent/Guardian Signature: _____



UMF Fitness and Recreation Center Children's Health and Emergency Information Form

Participant's Name: _____ Age _____

Name of camp/activity that the child will be participating in: _____

Height: _____ Weight: _____ Gender: _____ Birth Date: _____

Parent/Guardian Name: _____

Address: _____
Street City State Zip

Day-time Phone Number: _____ Evening Phone Number: _____

Participant's Physician: _____ Phone: _____

List two other persons other than the parent/guardian to contact in case of an emergency:

[1] Name: _____ Phone: _____

[2] Name: _____ Phone: _____

Please indicate any special dietary restrictions: No Restrictions [] Vegetarian [] Vegan [] No red meat []
No Dairy [] No shellfish [] Kosher [] Other _____

Health History:

Has or is subject to/history of (check all boxes that apply):

Asthma [] Motion sickness [] Diabetes [] Fainting [] ADD [] ADHD [] Poison Ivy []
Sinus Trouble [] Hypoglycemia [] Seizures [] Shoulder problems [] Back problems []
Hip problems [] Knee problems [] Ankle problems [] Vision problems [] Hearing problems []
LD [] Other (please explain): _____

Allergy to any of the following:

Bee sting [] Aspirin [] Penicillin [] Medications (please list): _____
Nuts [] Other foods (please list): _____ Other: _____

If yes to any of the above allergies, please describe reaction and how to treat it: _____

Please list any current prescription or non-prescription medications that will be taken during this program time: _____

Any restriction of activity for medical reasons? Yes [] No [] If Yes please describe: _____

Is there anything else we should know, such as phobias, sensitivities, etc: _____

Has had inoculations or vaccinations for: Measles [] Mumps [] Chicken Pox [] Tetanus []

In case of emergency, I hereby give permission to the site director to allow a selected physician to hospitalize, secure proper treatment, offer injection, anesthesia or surgery for my child as named above.

Signature of Parent/Guardian

Date

Other than the parent/guardian, please list all persons permitted to pick your child up from the above listed FRC program. FRC staff will only release the above named child to individuals listed below.

Name:	Relation:	Phone Number:\
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I, the guardian of the above named participant understand that in order for my child to walk, run, bike, or take any other mode of transportation leaving on their own accord from the FRC and the children's program will need to provide a written note stating in detail the circumstances, and the time that the child would depart the FRC's children's program. _____

Initial

Date

