



Student Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

In Case of Emergency \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Student's Shirt Size: YS YM YL AS AM AL AXL other: \_\_\_\_\_

**Waiver**

I understand fully that my child will be participating in various forms of exercise at his school during the *Fit For Motion* program. I understand that the risks and benefits of exercise to my child have been explained to me. I, also hereby, for myself, my child, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against Rowan Regional Medical Center, YMCA of Rowan County, and Rowan Salisbury Schools, or their respective agents, representatives, successors, and assigns for any injuries which may be suffered by me in connection with my participation in any *Fit For Motion* related activity.

I have read and understand the above statement and agree to allow my child to participate in the *Fit For Motion* program.

**Please Circle the appropriate yes or no for the question asked below.**

Yes No 1. Has your Doctor ever said that your child has a heart problem?

Yes No 2. Does your child ever have any pains in his/her heart or chest of any kind?

Yes No 3. Does your child ever feel faint or have episodes of dizziness?

Yes No 4. Have you ever been told that your child has high blood pressure?

Yes No 5. Do you have a history of heart disease in your family?

Yes No 6. Does your child have diabetes?

Yes No 7. Does your child have any bone, joint, or muscle problems that could be aggravated by exercise?

Yes No 8. Does your child have asthma?

Yes No 9. Does your child have any food allergies (i.e. peanuts) or allergies of any kind? If yes, please list:

\_\_\_\_\_

Yes No 10. Does your child take any medications? If yes, please list:

\_\_\_\_\_

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date