

**Fit Kids/School Sports Enrolment form**

Childs Name - \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_

Address - \_\_\_\_\_

School- \_\_\_\_\_

Emergency Contact Person - \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Number – (H) \_\_\_\_\_ (M) \_\_\_\_\_

Family Doctor – \_\_\_\_\_ Ph - \_\_\_\_\_

\*Please note: In case of a medical emergency, an ambulance may be used to transport your child to the nearest medical treatment service.

Does your child have a medical condition that may affect or be affected by Exercise?

(E;g Asthma, Diabetes, epilepsy, anaphylaxis) Please specify and advise any special precautions we should take with your child. Please attach Action plan if applicable.

---

---

---

It is important to remember the following items each time you visit Genesis Fitness club.

- 1) Sports clothes must be worn. No skirts. Please wear deodorant.
- 2) Bring a towel and drink bottle along to ensure hygiene and hydration during your workout.
- 3) Soft soled shoes must be worn, for example sports shoes or joggers. No School shoes please.
- 4) Children are required to follow the provided program and are not to train in the free weights area unaccompanied.

**Public Liability Disclaimer**

I, being the parent/s, guardian/s for and on behalf of the minor, acknowledge that during such times as they are present on the premises both their property and person shall be at my own risk and I will not hold the centre liable for any personal injury or loss of property which may arise from the negligence of the centre, its servants, agents, independent contractors, voluntary workers, other users of the facility or participants in the activities or spectators or other parties providing services through or in the facilities of the centre. I warrant that they are physically fit and mentally sound and able to engage in exercise and fitness programs at the centre. I will inform instructors of any condition that may have an effect on their ability to participate in any exercise or fitness program prior to commencement.

By signing I acknowledge that I have read and agree to these terms and if a minor is attending, I authorise and approve on behalf of the minor listed as their legal parent or guardian.

We hope you enjoy your training sessions with us.

Student Signature (If over 12 years of age) \_\_\_\_\_

Parents Signature - \_\_\_\_\_

**Genesis [LOCATION]**

[ADDRESS]

Call [NUMBER] or visit [genesisfitness.com.au](http://genesisfitness.com.au)

ABN [NUMBER]

**GENESIS**  
HEALTH + FITNESS