

**PARENT CONSENT AND MEDICAL FORM (REQUIRED)**

**Dear Parent,**

A mandatory (complimentary) 2-session orientation for JCC members (13-15 years) is required to gain unsupervised access to the Fitness Centre. Your Teen has registered to complete his/her orientation with a JCC Fitness Centre Instructor. Your consent and medical release **are required** before your teen can complete the orientation.

**Please note:** We will not proceed with the orientation unless your teen returns this complete form. If you have any questions you may contact the Fitness Centre Manager at 604-257-5111 X 214

<b>INFO</b> (To be completed by parent/guardian)	
Teen's Full name: _____	Age: _____
Parent/Guardian's First Name _____	Last name: _____
Cell phone: _____	Home Phone: _____
Work phone: _____	
<b>EMERGENCY CONTACT</b> (If different from above)	
Name: _____	Relationship to Teen: _____
Phone #1: _____	Phone #2: _____

My youth is in good health and I am not aware of any condition that would be a problem during his/her participation in physical activities. **Parents initials:** \_\_\_\_\_

**or**

My youth has a health concern and I am attaching a note from his/her physician giving permission to use the fitness center with any specific recommendations included. **Parents initials:** \_\_\_\_\_

In the event of an emergency I will not hold the Jewish Community Centre of Greater Vancouver or its staff liable for any illness or injury my youth may suffer while participating in activities in the gym, pool, or fitness center. **Parents initials:** \_\_\_\_\_

In the event I cannot be reached in and emergency situation I hereby give my permission for the attending physician to do any and all medical procedures necessary to ensure the continued health and well being of my youth. **Parents initials** \_\_\_\_\_

**PARENT CONSENT**

I, the parent/guardian of \_\_\_\_\_ age \_\_\_\_\_, give my permission for him/her to use the fitness center at the Jewish Community Centre of Greater Vancouver following the completion of the Youth Orientation Program.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IMPORTANT: PLEASE SIGN THE LIABILITY WAIVER ON THE NEXT PAGE----->**

***Jewish Community Centre of Greater Vancouver***

**RELEASE, WAIVER AND ASSUMPTION OF RISK**

**IMPORTANT! THIS IS A LEGAL WAIVER. PLEASE READ CAREFULLY.**

In consideration of my being allowed to participate in the activities and programs at The Jewish Community Centre or Greater Vancouver (herein referred to as the JCCGV) and to use its facilities, equipment and machinery, I agree to the following waiver and release.

I for myself, my heirs, executors or anyone else who may claim on my behalf hereby waive, release and forever discharge the JCCGV and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from personal injury, death, damage to property or loss of any kind resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities under the care of my Instructor.

I do also hereby release the JCCGV and its officers, agents, employees, representatives, executor, and all others from any responsibilities or liability for any injury or damage to myself, including those caused by negligence.

I understand that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity with certain risks and benefits, some of which include but are in no way limited to: soft tissue injuries such as wounds, sprains, and acute strains, broken bones or head injuries; back, neck, knee and foot injuries; heart attacks; improved cardiovascular fitness and flexibility; and increased strength and muscle tone.

I also understand that while some of the risks and hazards involved in using the equipment and facilities of the JCCGV are foreseeable, others are not.

I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

**I have read, understand, and have had opportunity to ask questions of the legal document.**

Participant's Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian (if participant under 18years)

\_\_\_\_\_  
Date:

JCC Staff (print): \_\_\_\_\_

Signature: \_\_\_\_\_