

**ELKIN RECREATION CENTER
MINOR REGISTRATION FORM**

(Persons under the age of 18)

ELKIN RECREATION & PARKS DEPARTMENT
PO BOX 345, 399 HWY 268W ELKIN NC 28621
PH: (336) 794-6478#1 FAX: (336) 794-6494

Directions: This form must be completed by any person under the age of 18 that purchases a monthly or annual pass to the Elkin Recreation Center. Please fully complete the form. THIS FORM WILL HAVE TO BE SIGNED BY PARENT OR LEGAL GUARDIAN.

First Name		Middle Initial	
Last Name		Age	
Address		Date of Birth	<input type="text"/>
City		State	Zip code
Home Phone		E-mail	
Do you live in the Town limits of Elkin?	Yes No	<i>Please have proof of residence at the time of registration (water bill, tax bill etc.)</i>	

Generic Fitness Medical History Questionnaire

Please indicate in the space provided if you have a history of the following:

Heart Attack?	Yes No	High Blood Pressure?	Yes No
Chest discomfort with physical exertion?	Yes No	Bypass or Cardiac Surgery?	Yes No
Rapid or runaway heartbeat?	Yes No	Skipping heartbeat?	Yes No
Rheumatic Fever?	Yes No	Phlebitis or Embolism?	Yes No
Faintness or light- headedness?	Yes No	Shortness of breath with or without exercise?	Yes No
High Blood Fat (lipid) Level?	Yes No	Pulmonary disease or disorder?	Yes No
Recent Hospitalization for any cause	Yes No	Stroke?	Yes No

If yes, please list why?

Orthopedic Problems? Yes
No

If yes, please list specifics?

For any conditions checked above, please list the diagnosis and examining physician:

I, the parent /guardian of the above named minor child do hereby grant my permission for use of the recreation center exercise room under the following policy guideline:

1. No one under the age of 16 shall be permitted to use the exercise and free weight rooms.
2. Use requested by patrons between the age of 16 and 18 must be preceded by a parent/guardian appearing on site to complete a new "Minor Registration Form" for the exercise room.

The undersigned agree that I will exert considerable effort to encourage the above named minor to comply with all rules governing the minor's use of said facilities, understand that the minor's failure to comply may result in forfeiture of privileges and fees, and acknowledge my responsibility and my child to properly use all exercise equipment so not to risk loss of privileges. Further, I/we affirm that all the above information is accurate and understand that providing inaccurate information will also result in the forfeiture of fees and privileges.

Minor Signature _____ Date

Parent/Guardian Signature _____ Date

RELEASE AND WAIVER OF LIABILITY

I hereby give the above named minor my permission to participate and be involved in the Elkin Recreation & Parks Department exercise room facility. By this authorization, I hereby approve of the program and accept the facilities, supervision, and the instructor/coach. I have been given the opportunity to inspect the premises and equipment and have talked with the instructor or waive the right to do so. Further, I understand that there are certain risks inherent in participation in all team and individual sports which are beyond the control of the participant or the town and that immediately prior to any participation, I have the opportunity to inspect the facility or equipment, and notify the instructor of the town of any objection to the facility, equipment, instructor, or supervision and activity. I hereby release the Town of Elkin and its employees from any and all damages on behalf of the above named minor and on my behalf, which would or could be based on the qualification of the instructor or the adequacy of the supervision, facilities or equipment used in the program named above.

Minor Signature _____ Date

Parent/Guardian Signature _____ Date

Office Only: NCDL/Permit# _____ Water Bill Acct# _____ Staff Initial _____ Date _____