



## Fit to be Kids Program

Welcome to Fit to be Kids! We are pleased to welcome you and your child into our program. To begin, please complete the following documents (note: all forms must be filled out by a parent or guardian over the age of 18 years):

1. Registration form
2. Injury waiver form
3. Absence and behavior form
4. Parent Agreement form
5. Copy of the participants last physical (with growth charts, if possible)

### REGISTRATION FORM

Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Known medical conditions: \_\_\_\_\_

Previous injuries or surgeries: \_\_\_\_\_

Allergies: \_\_\_\_\_

How many children/siblings in the home? \_\_\_\_\_

Notes/Comments:

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**FIT TO BE KIDS**

**Participant Injury Waiver**

Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Current medications: \_\_\_\_\_

Is there any health condition that might limit your participation in this program? \_\_\_\_\_

Have you been exercising regularly (circle one)                      YES      NO

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By signing your name as a participant in the programs offered by Spaulding Cape Cod, you acknowledge that participation in any and all programs exposes you to possible risk of personal injury. You, being fully aware that participation in our programs exposes you to a possible risk of personal injury, hereby release Spaulding Cape Cod and its officers, directors, employees, agent, licensees, consultants, independent contractors and affiliates from any and all liability, for any and all property damage, personal injuries or other claims arising from or in connection with participation in our programs, including claims that are known and unknown, foreseen and unforeseen, future or contingent.

You agree that you will not now, or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against Spaulding Cape Cod and its officers, directors, employees, agents, licensees, consultants, independent contractors and affiliates, arising out of or relating to the actions, cause of action, claims and demands hereby waived, released or discharged by you.

You acknowledge that you have read and fully understand this Injury Waiver. This agreement will be binding on you, your spouse, your children, legal representatives, heirs, successors, and assigns.

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

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## **FIT TO BE KIDS**

### **ABSENCE/PUNCTUALITY POLICY**

Your child's achievement in this program is directly related your presence and participation. The success of each session depends on our ability to plan activities and lessons based on the number of children present at each class. Cancels and no shows have a direct negative impact on our lesson planning.

We will begin each session promptly. We ask that everyone strive to be punctual as possible, so we can stay on schedule. We realize unforeseen things happen from time to time, but every effort to be here on time is greatly appreciated.

It is essential that you contact the ***Spaulding Orleans Outpatient Clinic (508- 240-7203)*** if you cannot attend a session during the 6-week Fit to Be Kids Program. Please make every effort to let the clinicians know of any planned absence.

### **BEHAVIOR/EXPECTATIONS**

- ✓ No cell phone use permitted. Cell phones are to be turned off/vibrate upon entering the building and must remain off while participating in the program. Parents/guardians may use their cellphones outside the building on an emergent basis if necessary.
- ✓ Follow the clinician's direction to ensure the best workout and ultimate outcome.

***Thank you, the Fit to Be Kids Clinicians***

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Signature (Parent/Guardian)

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Date



## FIT TO BE KIDS

### PARENT/GUARDIAN PROGRAM AGREEMENT

*Please read the information below carefully. It will provide you with important information regarding your participation in the Fit to Be Kids Program. We are asking you to sign your name at the bottom to indicate to us that you understand and agree with the expectations.*

The Fit to Be Kids Program maintains the philosophy that participants and their parents/guardians who take personal responsibility possess the keys necessary for a healthy lifestyle. Strong commitment to improving lifestyle by all creates the optimal conditions for permanent change and wellbeing long term.

***I understand that the Fit to Be Kids Program is directed at improving my knowledge through a coordinated, comprehensive approach to better integrate a healthy lifestyle. It is vital to the success of my child's participation to have family support. To that end, I understand that I will actively participate in all sessions, Nutrition, Social Work and Exercise. I will discuss specific limitations with the exercise clinicians when/if necessary. I will observe what my child is doing in class when appropriate to provide support to them.***

I acknowledge that I have been provided with a schedule of all sessions included in my child's program.

I understand that I need to notify the Spaulding Orleans Clinic (508-240-7203) with proper notice if I am not able to attend a scheduled class.

I understand that I will respect all the Fit to Be Kids clinicians and participants. I understand that I will abide by all Fit to Be Kids rules and regulations.

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Signature (Parent/Guardian)

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Date