

Under 16 Member Disclaimer

About your child

First Name: _____

Last Name: _____

Date of Birth: ____ / ____ / _____

Age: _____

About you

First Name: _____

Last Name: _____

Phone Number: _____

Address: _____

_____ Postcode: _____

Declaration

I the parent/guardian* of
hereby consent to my child disclosing medical information relevant to their safety in the gym. Any questions I had were answered to my full satisfaction. I also state that I wish my child to participate in activities, which include the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily allowing my child to engage in an acceptable level of exercise, which has been recommended to us. I understand that I am wholly responsible for my child's behavior in the gym. I give permission for The Fitness Bank to collect, assess and store the data I have given in the pre-exercise health questionnaire. I agree to The Fitness Bank's terms and conditions and privacy policies and agree to my communication preferences as stated.