



Participant Registration

Participant Name: _____		Date of Birth: _____	
Address: _____			
City: _____	State: _____	Zip: _____	County: _____
Parent/Guardian's Name: _____			
Cell Phone: _____		Alternate Phone: _____	
Email Address: _____			
Place of Employment: _____			
Relationship to Participant: _____			
T-Shirt Size, Please Circle One:			
Youth Medium	Youth Large	Adult Small	Adult Medium Adult Large

Emergency Contact Information (contacted only after efforts to reach parent/guardian fail)

Emergency Contact #1 Name: _____	
Primary Phone: _____	Alternate Phone: _____
Relationship to Participant: _____	
Emergency Contact #2 Name: _____	
Primary Phone: _____	Alternate Phone: _____
Relationship to Participant: _____	

Insurance Information

Is the participant covered by insurance (circle one)?	YES	NO
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Check Out Options (please select one)

Self Check out Authorization: I grant permission for my daughter to check herself out from Smart Fit Girls. I understand that Smart Fit Girls/YKFC is not responsible for my daughter once she is released from each session.

Parent/Guardian Signature: _____ Date: _____

Pick Up Authorization: We care about the safety of our participants. For this reason, we ask that you list all individuals authorized to pick your daughter up from Smart Fit Girls. She will only be released to individuals on this list. All individuals, including parents/guardians must have an ID. Please list yourself as well. Additional individuals may be listed on an attached page.

Parent/Guardian Signature: _____ Date: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Allergies/Medications

Allergies (please list any/all allergies participant has experienced):

Medications (please list any/all medications participant is currently taking).
Please Note: YKFC Staff cannot administer medications. :

Physical concerns (please list any special physical or medical concerns the student has):



I am the parent or legal guardian of _____, a minor (“Participant”). I agree that the Participant may participate in the Smart Fit Girls program at the Yukon Kuskokwim Fitness Center (YKFC) Managed by Health Fitness Corporation (HFC). The purpose of the program is to increase the Participant’s activity/fitness level and self-esteem while at the same time teaching life skills that will be beneficial to the Participant as she enters middle school/adolescence. I understand that during the program, the Participant will be involved in indoor physical activities, specifically weight training activities. Physical reactions to exercise may include heat-related illness, abnormal heartbeats and blood pressure and, in rare instances, events such as heart attacks. While Smart Fit Girls and YKFC take all reasonable precautions, we can make no guarantees regarding these and other risks. Recognizing the risks of the program, and in consideration for allowing the Participant to participate in the program, I hereby release, discharge and agree to hold harmless, and to indemnify Smart Fit Girls, YKFC and HFC, their owners, directors, officers, contributors, sponsors, employees, contractors, agents and assigns against and from any causes of action, claims, demands, damages, costs, loss of services, expenses, compensation, all consequential damages and attorneys’ fees (regardless whether pursuant to the laws of any county, state or country) claimed by, through or on behalf of me or the Participant related directly or indirectly to the program and specifically including any and all claims for personal injuries sustained while participating in program activities without regard to negligence or negligent conditions.

In addition, I hereby authorize Smart Fit Girls program representatives, if after a reasonable attempt has been made to reach a parent, guardian or emergency contact to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Participant under the general or special supervision and on the advice of any physician or surgeon who may treat the Participant, and consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment and hospital care, to be rendered to the Participant by any health care professional who may treat the Participant. I agree to pay for any such treatment and to reimburse Smart Fit Girls and YKFC for all costs and expenses it may incur related to such treatment.

I hereby grant Smart Fit Girls, Inc., YKFC, HFC and all assigns, licensees, successors in interest, legal representatives, employees, consultants, and those acting with permission or authority of the aforementioned parties, the absolute, irrevocable and unrestricted right to use photographs, videos likeness and audio (including without limitation all originals, negatives, prints and transparencies or any duplicates or reproductions of the foregoing) that have been or will be taken of the Participant (collectively, “Images”), in which the Participant may be included with others, to copyright the same, in the name of Smart Fit Girls, YKFC and HFC or otherwise; to use, re-use, publish and republish the same in whole or in part, individually or in conjunction with other photographs and videos, and in conjunction with any printed matter, in any media now and hereafter known and for any purpose whatsoever; and to use my name in connection herewith.



I hereby release and agree to hold harmless Smart Fit Girls, Inc., YKFC, HFC and all aforementioned entities, from any damages or liability relating to or arising from any use of or modification, alteration, distortion or other change to any of the Images and/or information gathered, unless it can be proven that such reproduction were maliciously caused, produced and published for the sole purpose of subjecting Participant to conspicuous ridicule, scandal, reproach, scorn and indignity. I hereby waive any claims I may have based on any usage of the Images, information gathered, or works derived thereof, including but not limited to claims for either invasion of privacy or libel. I represent, warrant and agree that the Participant will not disaffirm or disavow this release on the ground that the Participant was a minor on the date it is executed or any similar grounds whatsoever.

I understand Participant may complete a confidential pre and post survey at the beginning and conclusion of the program. I also understand that the Participant may complete an interview at the conclusion of the program. The survey measures student attitudes toward body image, self-esteem, and physical activity self-efficacy. Participant will not be asked to provide her name on her survey. The purpose of the survey is to measure any group changes that occur because of participation in the Smart Fit Girls program.

I expressly agree that this consent is intended to be as broad and inclusive a release of liability as permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I hereby warrant and represent that I am 18 years old or older; I have carefully read this consent and agree to its terms and conditions, that before signing this agreement I had the chance to ask questions; and I am aware that by signing this consent, I assume all risks and waive and release certain substantial rights that I and participant may have or possess against Smart Fit Girls, YKFC or HFC. To the extent permitted by applicable law, I hereby irrevocably and unconditionally waive trial by jury in any legal action or proceeding related to this agreement.

Participant’s Name (please print): _____ Date: _____

Parent Guardian Name (please print): _____

Signed by Parent or Guardian: _____ Date: _____