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**NATHALIA DISTRICT HOSPITAL GYM- YOUTH (14-17yrs) FITNESS AGREEMENT**

In consideration of my child being given access to the gym facilities at Nathalia District Hospital, I agree that: -

1. All forms of exercise equipment are explained fully by a member of staff before my child takes “active part”.
2. I confirm that I am aware of and understand the potential risks and danger with physical activity including the use of equipment, and I have assured that my child is also aware of the potential risks. I confirm that my child is voluntarily participating in these activities with knowledge of the risks.
3. I know of no reason why my child should not participate in any form of activity whilst using the gym facilities. My child is free from any condition that may affect his/her participation in physical activity at the gym. I will inform a member of staff if any such conditions arise, and ensure that my child does not continue with any physical activity at the centre until G.P approval is obtained.
4. I agree to abide by verbal or written notices regarding safety whilst at the centre and ensure that my child does likewise.
5. I confirm that I am aware that my child has to complete a medical questionnaire detailing any medical conditions prior to the participation in physical activity.
6. I understand that I am fully responsible for the actions of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and assume all risk of illness, injury and loss to the child and/or the child’s personal property including theft of such property.
7. I am aware that my child is only to use the gym facilities during the hours allocated, and must do so in an appropriate manner. I understand that failure to do so may end with my child’s membership being terminated.
8. I am aware that the cost associated with my child attending the gym is a concession rate of $5.00 per visit or $45.00 for a 10visit pass. Concession rates apply to those aged from 14-17 years of age.
9. I give do not give  (tick appropriate box) consent for my child to be photographed to be used only for promotional posts for NCN Health gym, a verbal consent will also be asked of the youth too.
10. Any change to your childs health & ability to train safely or medical condition changes, the information will be emailed to the Nathalia Gym Coordinator [iain.davidson@ncnhealth.org.au](mailto:iain.davidson@ncnhealth.org.au)

before the child is to return to the gym.

1. I have read and agree to ensure that both my child and myself adhere to these membership conditions.

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/ GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_