

Comanche Nation Fitness Center
YOUTH (under 18 yo.) Membership Registration

NAME _____ DOB _____ GENDER _____

ADDRESS _____ PHONE _____
Mailing _____ Cell _____
City _____ State _____ Zip _____ Home/Work/Other _____

TRIBAL AFFILIATION & ROLL NUMBER _____ CNFC MEMBER #: _____

Parent/Legal Guardian (MUST HAVE)

NAME: _____	RELATION: _____
ADDRESS: _____	PHONE: _____

TERMS & CONDITIONS

Comanche Nation Fitness Center and Comanche Nation of Oklahoma are not responsible for any personal belongings left at this facility.
Any items left will be held for one week and then given to local charities.
Locker space is available for day use only and is limited to a first come first serve basis.
Locks are not provided. Any locks left will be removed at member's expense.
Children under the age of 12 years will not be allowed access to weight room or equipment.
Children under the age of 12 years must remain with parent or guardian throughout facility.
Registrant must show a Certified Degree of Indian Blood Card (CDIB), valid state or school identification.
Minor's parent or legal guardian must also provide CDIB or state identification.
Appropriate footwear (athletic shoes) must be worn at all times while in gym.
Shower shoes (non-skid water shoes or "flip flops") are recommended for shower use.
Disorderly conduct will result in permanent ban from facility.

WE RESERVE THE RIGHT TO REFUSE SERVICE TO ANYONE.

By signing below I understand and agree to the above terms and conditions of CNFC.

Parent/Guardian Signature _____ Date _____

Registrant Signature _____ Date _____

Staff Initial _____ Date _____

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Member Name: _____

Member Number: _____

Informed Consent Waiver

The undersigned hereby gives informed consent for minor to engage in participating in a variety of activities. All exercise and physical activity sessions will be supervised and monitored by a trained exercise technician or a member of the Fitness Center staff.

These activities may include but are not limited to walking, jogging, running, weight training and callisthenic exercises performed within Fitness Center or with Fitness Center staff.

There exists a possibility that certain detrimental physiological changes may occur during exercise and/or exercise testing. These changes could include muscle soreness, heat-related illness, abnormal blood pressure and in rare instances, a heart attack. If abnormal changes occur, the staff has been trained to recognize symptoms and take appropriate actions including administering CPR and First Aid.

I have read this form and understand that there are inherent risks associated with any physical activity. I also recognize that my child's workout is voluntary and I hereby absolve the Comanche Nation, the Comanche Nation Fitness Center, and/or staff of Comanche Nation Fitness Center and release them from any and all responsibility in the event of an injury or health-related illness.

I further recognize that any medical care that my child may require is my personal and financial responsibility.

Parent/Legal Guardian Print

Parent/Legal Guardian Signature

Date

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Health History

Past and Present Personal Health History (check all that apply)

<input type="checkbox"/> Diseases of the heart and arteries	<input type="checkbox"/> Diabetes
<input type="checkbox"/> High blood pressure (hypertension)	<input type="checkbox"/> Abnormal ECG or EKG
<input type="checkbox"/> Low Blood pressure (hypotension)	<input type="checkbox"/> Angina Pectoris (chest pain)
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Stroke
<input type="checkbox"/> Anemia	<input type="checkbox"/> Abnormal chest X-ray
<input type="checkbox"/> Cancer	<input type="checkbox"/> Asthma
<input type="checkbox"/> Other Lung diseases	<input type="checkbox"/> Orthopedic or muscular problems

If any of the above are checked, please explain further and indicate any recommendations your doctor has made regarding exercise and physical activity.

Level of physical activity (please circle)

YES NO Are you currently involved in a regular aerobic exercise program such as walking, jogging, cycling, swimming, step aerobics, etc.?

YES NO Are you currently participating in weight training?

YES NO Do you perform stretching exercises on a irregular basis?

What best describes you level of physical activity during the past 4-6 weeks? (Check one)

Active (More than 3 miles of fast paced walking plus light physical activity daily)

Moderately Active (Less than 3 miles of walking plus light physical activity daily)

Occasionally Active (Only light physical activity daily)

Inactive (Minimal physical activity/no increase in heart rate)

Please indicate any additional exercise information you think is important for us to know prior to testing or exercise.

Is there a family history (first relation) of heart disease, hypertension (high blood pressure), stroke, diabetes, heart failure, lung disease or epilepsy? YES or NO

Please circle one:

YES NO Do you currently smoke cigarettes? How many per day? _____
If you smoked in the past, when did you quit? _____

YES NO Are you currently taking medications prescribed by a doctor?
If YES, indicate name of medication, dosage and reason for taking medication.

Please indicate any additional medical information you think is important for us to know prior to fitness testing or exercise. Please note any NON-prescription medications you are currently taking.
