



Youth Fitness Session Registration Form

Join the Health Promotion Team, Foundry, and Youth Services for an 8-week series of Youth Fitness Sessions.

Important details:

- **Who:** Youth aged 14-18
- **Where:** Vanderhoof Health and Fitness Center
- **When:** Wednesdays from 3:30-4:30pm
- **Dates:** April 8, 15,22, 29, May 6, 13, 20, 27

We encourage **youth of all fitness levels** to attend. There will be an emphasis on increasing strength using a variety of methods including dumbbells, body weight, TRX, barbells, and more. **All exercises can be adapted to meet the skill of the participant.** There will be **snacks and prizes** to be won at each session.

Please note that there are limited seats available for transportation. CSFS will provide transportation to addresses in Saik'uz only. Transportation outside of Saik'uz may be considered on a case-by-case basis. Please contact Cassidy if you have questions (250-613-5647)

Limited capacity, please register soon as it is first-come, first-served. Please fill out registration form with your parent/guardian. Please come with appropriate attire to exercise in. If you do not have appropriate attire, please contact Cassidy for support.

Please contact Cassidy Downey for more info: cdowney@csfs.org or 250-613-5647

YOUTH INFORMATION

Name:		Care Card Number:	
Preferred Name:		Preferred Pronouns:	
DOB (YYYY/MM/DD):	Age:	Allergies:	Current Grade:
Address:			
City:	Home Phone:		
Postal Code:	Cell Phone:		
Do you need a ride to Saik'uz from Vanderhoof Health Fitness		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What physical activities are you currently participating in and how often (ie.Hockey, x3/wk for 1.5 hour; run x2/wk 30min)			



PARENT/GUARDIAN INFORMATION					
PARENT/ GUARDIAN					
Name:		Email:			
Address:		City:		Postal Code:	
Home Phone:		Cell Phone:		Work Phone:	
EMERGENCY CONTACT					
Name:		Relationship:			
Address:		City:		Postal Code:	
Home Phone:		Cell Phone:		Work Phone:	
Please list the other trusted adults who are authorized to pick-up the participant (First and last name and phone number):					
MEDICAL					
Does the youth have any medical conditions or allergies (including medical and food allergies) our staff should know about? If 'yes', please describe below: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has a health care provider told you that you should avoid or modify certain types of physical activity? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you experienced any of the following within the past 6 months:					
A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Dizziness or lightheadedness during physical activity? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Shortness of breath at rest? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Loss of consciousness/fainting for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please provide brief description of any questions answered yes:					



Consent of Accident Release

Participation in group fitness includes the risk of possible accidents, and physical injury. In registering and participating in the event, the Participant and Guardian acknowledges the risks and hereby waives any and all injury or property damage claims they may have against the sponsors resulting from their participation. By signing below, both parties agree that the registration form is filled out accurately and completely.

Signature of youth	Full name	Date (YYYY/MM/DD)
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Signature of parent/guardian	Full name	Date (YYYY/MM/DD)
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Transportation Waiver:

This Waiver is to ensure that the participants acknowledges the risks of possible accidents and physical injuries while being a passenger of a motor vehicle. The Participant and Guardian acknowledges the risks and hereby waives any and all injury or property damage claims they may have against the sponsors, (Carrier Sekani Family Services) resulting from their participation.

I, _____, as the legal guardian, give permission for CSFS to provide transportation and supervision of my child(ren) to participate in the CSFS youth fitness sessions.

Signature of parent/guardian	Full name	Date (YYYY/MM/DD)
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Photo Consent Agreement

During events, programs and activities hosted by Carrier Sekani Family Services (CSFS), such as Culture Camps, holiday parties, games, Bah'lats, National Indigenous Peoples' Day, and other special events and ceremonies, CSFS takes photos that include community members, and guests (both children and adults). CSFS uses these photos in our reports, brochures, posters, and websites. It is the policy of CSFS that names, ages, and addresses of participants or guests are not used to identify an participant(s).

Consent: I hereby give my consent to CSFS, it's employees and those acting with authorization, the right and permission to use and/or publish photographs of myself in promotional materials, which may include reports, brochures, posters, or websites. I hereby wave any right to inspect or approve the finished or publicized photographs.

Signing this form will be deemed as consent to the above. If the youth/participant is under 19 years old, both the participant and parent/guardian must sign this agreement.

I hereby authorize CSFS to allow photographs taken of me/my child to be used in the following ways **(Please check all that apply):**

- Photographs of me may be used in all formats (reports, brochures, posters, websites including but not limited to csfs.org, Facebook, Twitter, LinkedIn, and Instagram.
- I do not give CSFS permission to use photographs of me in any public situation.

Signature of Parent/Guardian

Name of Parent/Guardian

Date (YYYY/MM/DD)

Vanderhoof Health and Fitness Waiver:

As the participant and guardian, I understand that there is a waiver specific to Vanderhoof Health and Fitness that needs to be filled out before participating in any of the group fitness sessions. By agreeing, the participant and guardian acknowledge that the waiver will be signed and returned prior to the beginning of the Youth Fitness program and that the participants ability to join the activity depends on the completion of the waiver.

By initialing, the participant and guardian acknowledge the additional waiver:

_____.



CARRIER SEKANI
FAMILY SERVICES

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