



PARENT CONSENT AND MEDICAL FORM (REQUIRED)

Dear Parent,

A mandatory completion of the virtual orientation video and complimentary 30min orientation session for JCC members (13-15 years) is required to gain unsupervised access to the Fitness Centre. Your Teen has registered to complete his/her orientation with a JCC Fitness Centre Instructor. Your consent and medical release **are required** before your teen can complete the orientation.

Please note: We will not proceed with the orientation unless your teen returns this complete form. If you have any questions you may contact the Fitness Centre Manager at 604-257-5111 X 214

INFO (To be completed by parent/guardian)

Teen's Full name: _____ Age: _____

Parent/Guardian's First Name _____ Last name: _____

Cell phone: _____ Home Phone: _____

Work phone: _____

EMERGENCY CONTACT (If different from above)

Name: _____ Relationship to Teen: _____

Phone #1: _____ Phone #2: _____

My youth is in good health and I am not aware of any condition that would be a problem during his/her participation in physical activities. **Parents initials:** _____

or

My youth has a health concern and I am attaching a note from his/her physician giving permission to use the fitness center with any specific recommendations included. **Parents initials:** _____

In the event of an emergency I will not hold the Jewish Community Centre of Greater Vancouver or its staff liable for any illness or injury my youth may suffer while participating in activities in the gym, pool, or fitness center. **Parents initials:** _____

In the event I cannot be reached in an emergency situation I hereby give my permission for the attending physician to do any and all medical procedures necessary to ensure the continued health and well being of my youth. **Parents initials:** _____

PARENT CONSENT

I, the parent/guardian of _____ age _____, give my permission for him/her to use the fitness center at the Jewish Community Centre of Greater Vancouver following the completion of the Youth Orientation Program.

Parent Signature: _____ **Date:** _____

Jewish Community Centre of Greater Vancouver