

LIFE FITNESS SAFETY / PROCEDURAL
AGREEMENT FORM

By incorporating the following class procedures into your strength training and conditioning program, you will allow yourself an optimal opportunity to meet program goals safely and successfully. Understand that these safety and management procedures must be followed at all times, and that ignoring or altering any one of them not only places your safety at risk, but will affect your daily grade as well.

- _____ Life Fitness 1/2/3 Class Syllabus
- _____ Life Fitness Make-Up Policy
- _____ P.E. Department Regulations

I have received and understand / agree to abide by all information.

Student Name (print): _____ Parent Signature: _____
Date: _____ Date: _____

Parent / Guardian Contact Options

Daytime Phone: _____ E-mail (preferred): _____
Evening Phone: _____ Cell Phone: _____

Student Medical / Background Info

1. **Any pertinent medical conditions not on student file:** _____

2. **Weight training experience:** _____

3. **Recent Physical Activeness:** _____

4. **Training Focus:** *Sports or General Fitness: List your sport, position and/or event if applicable.*

- _____ General fitness (not involved in any competition sports)
- _____ Athlete- Fall Sport _____
Winter Sport _____
Spring Sport _____
Summer Sport _____
- _____ Outside school athletic activities: _____

5. **History of Orthopedic / Structural injury: (which could affect participation in class)**
(Example: history of shoulder dislocation; other issues including but not limited to the elbow, wrist, back, hip, knee, or ankle):

6. **Do you have a current medical physical on file?** _____

* Though not required, all prospective Life Fitness students are strongly encouraged to obtain a medical physical exam. A physical may determine pre-existing conditions, which introduce limitations for the student and subsequently enhances the safety factor.