



YOUTH GUEST

INFO FORM (age 17 and under)

DATE: _____

AGE: _____

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ BIRTHDATE: _____

PLEASE SIGN BELOW:

I accept full responsibility for my child's use of any and all apparatus', appliances, facility, privileges or service whatsoever owned and operated by Choice Health & Fitness, it's directors, officers, employer's representatives and agents harmless from any and all loss, claim, injury, damage or liability sustained or incurred by my child resulting there from. I acknowledge this waiver is valid for 12 months, after which a new waiver must be re-signed.

Parent/Guardian Name: _____

Signature: _____

YOUTH AGE GUIDELINES FOR FACILITY USE

AGE	AQUATICS	CARDIO AREAS & MACHINES	FITNESS AREAS & WEIGHT MACHINES	FREE WEIGHT AREAS	EXTREME TRAINING AREA	GROUP EXERCISE	GYM	TRACK	RACQUET-BALL & TENNIS COURTS
11-13	Green	Yellow	Yellow	Red	Red	Red	Green	Green	Green
9-10	Yellow	Yellow	Red	Red	Red	Red	Yellow	Yellow	Yellow
Green	Permitted in area.								
Yellow	Must have youth wristband & be supervised by someone age 14 or older.								
Red	NOT permitted in area (Except for age appropriate classes).								



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