

## Guardian 1 Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Relation to Child \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cooper Fitness Center Member?  Yes  No  No, but interested in learning more

## Guardian 2 Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Relation to Child \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cooper Fitness Center Member?  Yes  No  No, but interested in learning more

## Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

## Waiver

**Cancellation/Refund Policy Acknowledgment:** I have read and understand the cancellation policy specific to this program.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Photo Release:** I hereby authorize the use of photography which may include pictures of my child(ren) to be used in current and future publicity for CAC.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Waiver of Responsibility:** In consideration of the acceptance of my child(ren)'s participation in Cooper Fitness Center's youth programs, I, the undersigned parent (or legal guardian), hereby agree and acknowledge the existence of certain risks inherent in the activities which take place on the Cooper Aerobics Center campus, and hereby agree to assume the full risk and responsibility for any injury my child(ren) may sustain in the course of their use of Cooper Aerobics Center facilities and/or equipment. Specifically, the undersigned accepts full responsibility for, and hereby waives any claim he/she may have against Cooper Aerobics Enterprises, Inc., The Cooper Institute, Cooper Clinic, P.A., Cooper Concepts, Inc., and any other entities or persons that have an interest, directly, or indirectly, as tenant or landlord, in the Campus or any part thereof (collectively referred to herein as "CAC"), for any injury to any participant or property arising from or related to any programs activity. In addition, the undersigned hereby accepts full responsibility for, and hereby waives any claim he/she may have against CAC for any injury to a program's participant(s) or property arising from their use of the CAC facilities in general, including but not limited to sprains, abrasions, contusions, broken bones, insect bites, or from any hazard on the grounds. Having read the preceding, the undersigned, for himself/herself and on behalf of his/her executors, administrators, heirs, assigns, and successors, acknowledge his/her understanding of those risks forth herein, knowingly agrees to accept full responsibility for his/her own exposure to such risks and does hereby expressly forever release and discharge CAC, its owner, officers, employees, agents, or assigns of causes of action. In addition, the undersigned hereby agrees to indemnify CAC, its owners, officers, employees, agents, and successors for any and all costs, liabilities, and losses arising from the undersigned's or his/her guest's injury at CAC.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Dismissal Authorization:** In addition, CAC reserves the right to dismiss any participant from the program without financial reimbursement who causes disruption to the program. CAC shall not be responsible or liable to members or guests for articles damaged, lost, or stolen in or about CAC, or for loss or damage to any property, including but not limited to automobiles and the contents thereof.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medical Treatment Authorization:** It is my understanding Cooper Fitness Center will attempt to notify me and/or the authorized contacts listed in the registration process in case of a medical emergency involving myself or my child. If Cooper Fitness Center can not reach me or the authorized contacts, I authorize the staff to hire a doctor or health care professional and I give my permission to the doctor or health care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CFC\_038-IT

# Cooper Fitness Center Youth Programs Registration Form

get Cooperized!™



Cooper Fitness Center™  
A COOPER AEROBICS COMPANY

## Child #1 Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender  M  F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering in the Upcoming Fall \_\_\_\_\_

School Attending \_\_\_\_\_ Shirt Size  YM  YL  AS  AM  AL

Former Participant in Cooper Youth Programs?  Yes  No

Name(s) of Adult(s) Authorized to Pick Up This Child \_\_\_\_\_

What are your child's personality strengths and areas for improvement? (this will help us better prepare for your child's unique behaviors)  
\_\_\_\_\_

Has your child been diagnosed with a condition that affects his/her learning (ADHD, sensory processing/integration, learning difference, dyslexia, etc.)?  
 Yes  No If yes, please explain. This can have an effect on their camp experience if we are not made aware in advance.  
\_\_\_\_\_

Has your child been diagnosed with a condition such as Asperger's or autism, etc.?  Yes  No

Provide any medical notes we should be aware of to provide a safer experience for your child.  
\_\_\_\_\_

Does your child take any medication for behavior, learning, mood or attention?  Yes  No If so, what medication and when do they take it?  
\_\_\_\_\_

Provide any other medical, behavioral, emotional or physical notes we should be aware of to help us provide a more successful and encouraging environment for your child \_\_\_\_\_

Has your child participated in other sports camps, summer day camps or residential camps?  Yes  No If yes, please share if/how his/her experience was positive or negative \_\_\_\_\_

What sports/activities does your child enjoy? \_\_\_\_\_

How many days per week is your child active for 60+ minutes?  1-2  3-4  5+

What program(s) would you like to register your child for?

	Program Name	Program Dates	Program Time	Additional Notes
1				
2				
3				
4				
5				
6				
7				
8				

How did you hear about this program? \_\_\_\_\_

How do you hope this program helps your child (list if you have specific goals or developmental skills you would like to focus on)? \_\_\_\_\_  
\_\_\_\_\_

## Child #2 Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender  M  F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering in the Upcoming Fall \_\_\_\_\_

School Attending \_\_\_\_\_ Shirt Size  YM  YL  AS  AM  AL

Former Participant in Cooper Youth Programs?  Yes  No

Name(s) of Adult(s) Authorized to Pick Up This Child \_\_\_\_\_

What are your child's personality strengths and areas for improvement? (this will help us better prepare for your child's unique behaviors)  
\_\_\_\_\_

Has your child been diagnosed with a condition that affects his/her learning (ADHD, sensory processing/integration, learning difference, dyslexia, etc.)?  
 Yes  No If yes, please explain. This can have an effect on their camp experience if we are not made aware in advance.  
\_\_\_\_\_

Has your child been diagnosed with a condition such as Asperger's or autism, etc.?  Yes  No

Provide any medical notes we should be aware of to provide a safer experience for your child.  
\_\_\_\_\_

Does your child take any medication for behavior, learning, mood or attention?  Yes  No If so, what medication and when do they take it?  
\_\_\_\_\_

Provide any other medical, behavioral, emotional or physical notes we should be aware of to help us provide a more successful and encouraging environment for your child \_\_\_\_\_

Has your child participated in other sports camps, summer day camps or residential camps?  Yes  No If yes, please share if/how his/her experience was positive or negative \_\_\_\_\_

What sports/activities does your child enjoy? \_\_\_\_\_

How many days per week is your child active for 60+ minutes?  1-2  3-4  5+

What program(s) would you like to register your child for?

	Program Name	Program Dates	Program Time	Additional Notes
1				
2				
3				
4				
5				
6				
7				
8				

How did you hear about this program? \_\_\_\_\_

How do you hope this program helps your child (list if you have specific goals or developmental skills you would like to focus on)? \_\_\_\_\_  
\_\_\_\_\_