Youth Weight Room Orientation Request

(13 –15 year olds)

Please complete and submit this form prior to your orientation date.

1 Client Information

Name	Preferred contact ❑ Email ❑ Phone
Email	Phone

A Fitness Information

On a scale of 1-10 (10 being highest), how would you rate your current fitness level?

B Fitness Goals

What are you trying to achieve? Check all that apply.

❑ General overall health ❑ Lifestyle change ❑ Improved body composition
❑ Sport conditioning ❑ Increase muscle strength ❑ Improve exercise technique
❑ Improve cardio endurance ❑ Post-rehabilitation ❑ Other: _____

C Fitness Experience

What is your fitness activity experience?

❑ Beginner ❑ Recreational ❑ High performance ❑ Returning to fitness ❑ Other: _____

D Trainer Preference

What is your trainer preference?

❑ Male ❑ Female ❑ No preference

We will do our best to accommodate trainer preference but there may be times where we may not be able to accommodate the request.

E Additional Information

Are there any activities that you previously participated in that you had to discontinue? If so, why?

Please list any information or special instructions that the trainer should be aware of.

2 Declaration

We assume no liability for persons who undertake physical activity. If in doubt after completing the questionnaire, consult your doctor prior to physical activity. I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes.

Youth's name _____ Signature _____ Date (mm/dd/yyyy) _____

I hereby consent for my child, who is under the age of 18, to participate in physical activity.

Name of parent/guardian _____ Signature _____ Date (mm/dd/yyyy) _____

Any personal information collected on this form will be managed in accordance with the Freedom of Information and Protection of Privacy Act. Direct enquiries, questions, or concerns regarding the collection, use, disclosure, or safeguarding of personal information associated with this form to: Supervisor, Information, Privacy, and Records Management, Township of Langley, 20338 – 65 Avenue, Langley, BC V2Y 3J1 foi@tol.ca 604.532.7396

Township of Langley Est. 1873

Recreation Division
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