

GORDON JCC



YOUTH FITNESS CERTIFICATION

THE GORDON JEWISH COMMUNITY CENTER RECOGNIZES THAT YOUTH AND TEENS ARE UNIQUELY POSITIONED TO DEVELOP LIFELONG HABITS THAT CAN EITHER HELP THEM, OR HURT THEM. LIVING AND LEADING A HEALTHY LIFESTYLE INCLUDES BEING INVOLVED IN PHYSICAL ACTIVITY. THIS CERTIFICATION PROGRAM IS FOR MEMBERS AGES 10 TO 13 TO HELP THEM SAFELY UTILIZE EQUIPMENT, BETTER UNDERSTAND THE BENEFITS OF CARDIOVASCULAR, STRENGTH, AND FLEXIBILITY TRAINING, AND PROPERLY UTILIZE THE FITNESS CENTER.

IN THIS FREE PROGRAM, MEMBERS AGES 10 TO 13 OBTAIN KNOWLEDGE AND PRACTICAL EXPERIENCE UNDER THE GUIDANCE OF A CERTIFIED PERSONAL TRAINER. SUCCESSFUL COMPLETION OF THE PROGRAM WILL ALLOW THEM TO WORK OUT IN THE FITNESS CENTER ON SELECTED EQUIPMENT WITHOUT THE SUPERVISION OF THEIR PARENT OR GUARDIAN.

IT INCLUDES A PROGRAM MANUAL, LECTURE AND DISCUSSION, DEMONSTRATION, AND HANDS-ON EXPERIENCE. PARTICIPANTS MUST PASS A WRITTEN TEST AND A PRACTICAL PROFICIENCY TEST IN ORDER TO OBTAIN CERTIFICATION.

The class is offered in a private or semi-private session, and is 2-2.5 hours depending on number of participants.



Registration information on the back

Available sessions will be private or semi-private (ideal for siblings) Participants should review the program manual prior to attending class. All participants MUST register in advance and MUST complete this form and submit at, or prior to session. Registration should be made to Harriet Shirley, Fitness & Wellness Director by email (harriet@nashvillejcc.org) or by phone (615.354.1649).

REGISTRATION IS NOT COMPLETE UNTIL CONFIRMATION IS PROVIDED VIA EMAIL.

Participant Name: _____ Date of Birth _____

Age _____

Parent(s) Name(s): _____

Home Address: _____

Email Address: _____ Home

Phone: _____ Cell Phone1: _____ Cell

Phone2: _____

Emergency Contact Name: _____

Phone: _____

Does participant have any health conditions or physical limitations? (please circle) YES NO

If Yes, please explain: _____

Is there any additional information you feel we need to be aware of?

I certify that, except for as noted above, there is no health or physical condition or limitations that would impact my child participating in the Youth and Teen Fitness Certification program. I agree to obtain a medical clearance from my child's physician should it be required by the Gordon JCC Fitness & Wellness Director based on information disclosed. I agree that my child will follow the instructions of the trainer and all rules of the fitness center, and understand that if he/she is engaging in inappropriate behavior or violating rules, he/she may be dismissed from the program and prohibited from use of the fitness center. Participation in any Gordon JCC activities and use of recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Gordon JCC, I/we as an individual and as a parent/guardian of the participants named above, assume all risks and hazards incidental to the activities and release from responsibility and agree to indemnify and hold harmless the Gordon JCC, its officers, directors, independent contractors, volunteers, and all employees for any illness or injury to my children or family members occurring during participation in any activities at the Gordon JCC or independent contractors for the Gordon JCC.

Parent Signature: _____ Date _____