



## Life Center Children's Health History

Complete this form for any child 8-13 years of age participating in Life Center activities.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Major injuries that would inhibit exercise (date occurred):

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Special Conditions/Medications:

\_\_\_\_\_  
\_\_\_\_\_

Physician's Name and Phone #:

\_\_\_\_\_  
\_\_\_\_\_

All information provided on this form is true to the best of my knowledge. I understand that I should notify the Life Center staff of any changes in child's medical status. This signature authorizes the Life Center facility to obtain medical clearance from the physician if necessary due to positive risk factors.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_



## Life Center Rules and Regulations for Minors

### Code of Conduct for Minors

For \_\_\_\_\_ (child's name)

The Life Center Health & Conditioning Club (also referred to as the Life Center) strives to provide a safe and enjoyable environment to all our members and guests. Respectful and mature behavior is expected at all times. Inappropriate behavior may result in suspension or termination of membership privileges. Management reserves the right to terminate members for non-payment of membership dues, for inappropriate behavior or other reasons as determined in the sole discretion of the Life Center Health & Conditioning Club staff. To ensure the comfort and safety of everyone, we have set forth certain expectations for all individuals who use the facility, among those are the following.

Behaviors that violate the Life Center Health & Conditioning Club include, but are not limited to:

- Any acts of violence;
- Any illegal activity;
- Smoking or illegal drug use in or outside the Life Center Health & Conditioning Club property;
- Use of vulgar or inappropriate language, swearing, name-calling or shouting;
- Harassment or intimidation by words, gestures, body movement or behavior;
- Possession of any item(s) that could be viewed, in the sole discretion of Life Center staff as a weapon or as a threat to others;
- Careless use, disregard or destruction of the Life Center Health & Conditioning Club property or the property of others;
- Usage of the Life Center Health & Conditioning Club facility while under the influence of alcohol or illegal drugs; and
- Disrespect or disregard for the persons or property of others.

### Waiver, Hold Harmless and Release from Liability

I, the undersigned parent or legal guardian of the above named minor child, understand that there is a risk of injury associated with participation in any fitness program, including use of the Life Center facilities. In consideration of allowing the above named child to participate in fitness programs and enjoy membership privileges at the Greenville Health System Life Center, I do hereby release and hold harmless the Life Center, the Greenville Health System, its Board of Trustees, and their agents, servants, and employees from all claims, liabilities, demands, rights and causes of action, present or future, whether known or unknown, anticipated or unanticipated, resulting from, arising out of, or incident to the minor child's use of, presence at or membership in the Life Center Health & Conditioning Club.

It is expressly understood and agreed that the undersigned is voluntarily agreeing to allow the minor child to participate in all exercise, fitness and other activities at his/her own risk, and that the undersigned has read and understands the above release and agreement to hold harmless and agrees to be bound by the terms thereof.

I have read this entire document. I have discussed the behaviors listed above that are not tolerated in the Life Center. I understand this document or have had it explained to me. By signing below, I agree to be bound by all terms and conditions herein along with all Life Center policies and procedures stated in the member guidelines that I received upon registration.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Witness

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