



FAST FORWARD Agreement / Health Evaluation

Youth Participant Information (Please Print)

Last Name:	First Name:	Age:	Date of Birth:
Address:	City:	State:	Zip Code:
Home Phone:	How did you hear about us?		School:

Parent / Guardian Information:

Last Name:	First Name:		
Address:	City:	State:	Zip Code:
Home Phone:	Daytime Phone:	Cell Phone:	Email Address:

Health History:

Check all diseases/illnesses that your child has had or currently has:

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Nervous Tension | <input type="checkbox"/> Dizziness / Balance |

- Back Condition...If Yes, please describe _____
- Heart Condition...If Yes, please describe _____
- Any Bone/Joint Condition...If Yes, please describe _____
- Any Other Condition we should be aware of _____

Informed Consent:

I give my consent for the above-named student to participate in Fast Forward's conditioning and strength training classes. I have consulted with my son/daughter's physician, if necessary, and they have approved their participation in the program. The youth agrees not to misuse the equipment or use the equipment in a way that will harm them or any other person. The Fast Forward staff will take every precaution to avoid injuries, however, should injury result from participation in the classes, the youth's parents/guardian assume full responsibility.

X _____
Parent / Guardian Signature

X _____
Date