

**SOUTHERN LEHIGH SCHOOL DISTRICT
COMMUNITY USE OF FITNESS CENTER APPLICATION**

Office Use Only
Date Rec'd: _____
Call Date: _____
District Resident: <input type="checkbox"/>
Rec'd by: _____

Name _____
Address: _____

Birth Date _____
Home Phone _____
Work Phone _____
Cell Phone _____

Emergency Contact Name _____
Emergency Contact Phone _____
Emergency Cell Phone _____

Alternate Contact Name _____
Alternate Contact Phone _____
Alternate Cell Phone _____

I am a Southern Lehigh School District Employee

MEDICAL INFORMATION:

Do you have any health problems? No _____ Yes _____
If yes, please explain _____

Are you allergic to any medication? No _____ Yes _____
If yes, please explain _____

Are you currently taking any medication on a regular basis? No _____ Yes _____
If yes, please explain _____

Any other information that you would like us to be aware of _____

Choice of Hospital: _____

SHOULD AN EMERGENCY OCCUR, I GIVE MY PERMISSION TO SHARE THE ABOVE INFORMATION WITH THE EMERGENCY MEDICAL SERVICES AND/OR ATTENDING PHYSICIAN. I GIVE MY PERMISSION TO THE ATTENDING PHYSICIAN FOR ANY NECESSARY EMERGENCY TREATMENT.

Applicant Signature Date

Please notify the school of any changes in the above data. All information will be kept in a secure location.

GENERAL RELEASE/WAIVER:

By signing below, I hereby agree that I have voluntarily entered the Fitness Center of the Southern Lehigh High School and acknowledge that I am aware that unanticipated and unexpected dangers may arise in using the fitness and exercise equipment located at the Premises and participating in the exercise and other activities provided there. I acknowledge that I do not suffer from nor am I aware of any physical or medical condition which would prevent me from safely using any of the fitness equipment or engaging in any of the physical activities provided at the Premises. I DO HEREBY ASSUME ALL RISKS OF INJURY TO MY PERSON OR PROPERTY THAT MAY BE SUSTAINED BY ME IN CONNECTION WITH MY USE OF ANY OF THE FITNESS AND EXERCISE EQUIPMENT OR MY PARTICIPATION IN ANY ACTIVITIES ON THE PREMISES. I intend by my signature below to release and waive all claims which I may have against the Southern Lehigh School District, its School Directors, Administrators, employees, servants, and agents from any and all claims which I may have, including personal injury and property damage, by reason of my use of the Fitness Center and participation in any of the activities provided there. This General Release/Waiver shall apply on the date and any future use of the Premises by me.

Applicant Signature Date Fitness Center Approval Signature Date

By signing the above, the signer certifies that he/she has read the General Release/Waiver and agrees to all of its terms and conditions prior to use of the Premises.