Dr. E.P. Scarlett Fitness Centre

Student Name (first and last): _____

Grade: _____ Are you currently in PE/Sports P this semester? ___ yes ___ no

Allergies or Medical Conditions: _____

_____

Emergency Contact Name #1: _____

Relationship: _____ Cell Number: _____

Home Number: _____ Work Number: _____

Emergency Contact Name #2: _____

Relationship: _____ Cell Number: _____

Home Number: _____ Work Number: _____

Fitness Centre Terms and Conditions (please initial):

_____ The fitness center is available for use by current students and staff of Dr. E.P. Scarlett High School.

_____ The fitness center is open Monday through Thursday 8:00-8:45 AM and 3:45-5:00 PM

_____ All users must complete an Acknowledgement of Risk form and emergency contact sheet

_____ Users are expected to exhibit respectful behavior towards others.

_____ No foul language, bullying, or harassment will be tolerated.

_____ Proper gym attire and appropriate footwear must be worn at all times.

_____ Users must familiarize themselves with all equipment before use by means of a site orientation conducted by the supervising teacher

_____ Report any malfunctioning equipment to staff immediately.

_____ Students are responsible for cleaning equipment after use with provided sanitizing materials.

_____ Students must notify staff of any injuries sustained while using the facility.

_____ No food is allowed in the fitness center. Only water in sealed containers is permitted.

Signatures:

_____ _____

Guardian Student