

KTAC WEIGHT ROOM POLICY

Weight Room Orientation: All new members can take advantage of a free weight room orientation at any time. Members between the ages of 11 and 17 are **required** to attend a weight room orientation prior to use if they intend to use the weight room. Appointments are to be set up with the Fitness Director through the front desk. ***No one under the age of 11 is permitted to use the weight room equipment.***

Youth Members 11-17: All members 11-17 years of age must attend a weight room orientation before using the weight room, sign the form below proving the completion of the weight room orientation and have a parental release form signed and on file. After completing the orientation, a badge (supplied by the front desk) will be worn while in the weight room as a sign of proof that the youth member has signed the release form and is approved to use the weight room.

Guests: Youth guests 11-16 **cannot** use any free weights or other weight room equipment unless accompanied by a parent and must have a parental release form signed and on file. Use of cardio equipment **only** requires a signed parental release form. Guests aged 16-17 require a parental release.

PLEASE PRINT CLEARLY

Youth Name: _____ Age: _____ DOB: _____

Parent Name: _____ Contact Phone #: _____

Address, City, State, Zip: _____

Parent Email: _____

KITSAP TENNIS & ATHLETIC WEIGHT ROOM PARENTAL RELEASE (Ages 11-17)

First & Last Name: _____ has attended the required weight room orientation and is now free to use the weight room.

Personal Trainer Signature: _____ Date: _____

Youth Signature: _____ Date: _____

PARENT'S SIGNATURE

I am aware of the possible harm that may be incurred by my son/daughter with their use of the weight room. I give my permission for (First & Last Name): _____ to use the weight room.

I also understand that Kitsap Tennis & Athletic Center **will not** be held liable for any untoward occurrence. I have read and understand the conditions listed above and agree to abide by these conditions.

Parent Signature: _____ Date: _____

FOR OFFICE USE: Verification of parent signature: KTAC Staff Initials: _____ Date: _____