

## **Fitness Center Teen Safety Course Application**

Parents' Signature:

		Member No.
Members must be 15 year	rs of age to apply for the teen safety	/ course.
ıll Name:	Cell Phone Number:	Email Address:
ddress:		
ame of High School Currently	 Attending:	
ease State Which Days & Time	es You Would Prefer To Train:	Date Of Birth: / /
ays:,		
ime:,,		
arent Name:		
mergency Contact : Name:		Phone Number:
arent Email:		
n a few sentences, please state ermission to use the facility be		ss Center and why we should grant you
	oproved and you are given permission to o our teen safety approval revoked and use	use the fitness center, you agree to follow the rules
. You follow the rules of the fitn		<i>5,</i> .
	ess center. uly attempt to improve your health and	d lifestyle.
	e of conduct and treat staff with respec	
	n all your weights once you are done w v friends that haven't completed the co	

Signature: