



# Total Sports Conditioning Clinic Application Form

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Date of Last Physical \_\_\_\_/\_\_\_\_/\_\_\_\_ NOTE: Must be within Last two years to be valid; please provide ASAP.

## RELEASE

I understand that my child \_\_\_\_\_ is engaging in a physical fitness program which may include exercises to build the heart, lungs, muscle endurance, strength and flexibility and improve body composition. Exercises may include, but not be limited to aerobic activities, calisthenics, weight lifting to improve muscular strength and endurance, and flexibility exercises to improve joint range of motion.

I understand that there is risk of injury, death and certain abnormal changes occurring during or following exercise. I understand that I am responsible for monitoring my child's condition throughout any exercise program and should any unusual symptoms occur, I will IMMEDIATELY cease his/her participation and inform the instructors of his/her symptoms. I have consulted with my child's physician regarding starting this exercise program and further state that my child has his/her permission to participate. I certify that my child is in good health and not on medication and will notify FIT-TO-GO, Inc. and/or its associates should my child's condition change in such a way as to affect the safety of his/her health and well-being.

I have read the foregoing information and understand it. Any questions which may have occurred to my child and me have been answered to our satisfaction. I understand that I am free to withdraw my child from this program at any time I desire. I agree to assume the risk of this exercise program and further agree to indemnify, release and hold harmless FIT-TO-GO, Inc., its representatives and the Middlesex School, both individually and jointly, from any and all claims suits, losses or related cause of action for damages incurred during or arising in any way from the exercise program for my child.

The undersigned further authorizes the use of and releases to FIT-TO-GO, Inc. the right to photographs, videotapes, likenesses and images of the undersigned to be used for publicity, promotional, archive, advertisement, posters, internet/website posting or any other use related to any programs of FIT-TO-GO, Inc. It is further agreed that all such materials shall be sole property of FIT-TO-GO, Inc.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### SUMMER 2010 CLINIC SCHEDULE

Please check off the weeks you will be attending. **You must attend a minimum of three weeks.**

July 19-22    July 26-29    August 2-5    August 9-12    August 16-19    August 23-26

**All sessions meet Monday, Tuesday and Thursday from 5:00 - 7:00 at the Middlesex School.**

**PLEASE NOTE:** Due to insurance and staffing requirements, there are **NO** refunds for days missed during an individual week.

### FEES & PAYMENT

Rates are based on payment in advance of sessions attended.\*

**3 weeks - \$315.00**  
**4 weeks - \$400.00**  
**5 weeks - \$475.00**  
**6 weeks - \$540.00**

Please make checks payable to: **Fit To Go Inc.**

Mail Application and Payment to:  
**Bruce Cohn**  
**7 Bowdoin Street**  
**Arlington, MA 02474**

\*Once enrolled you may sign up for additional weeks for \$100.00 / week as space permits

**For more Information, contact Bruce Cohn at 781-316-0061 or via email at: [bruce.coach@gmail.com](mailto:bruce.coach@gmail.com)**