



Application/Information Card

Child's Name:	Age:	DOB:
Address:		City, State, Zip:
Parent/Guardian Name(s)		
Phone:	Email:	
Emergency Contact Name:		Phone:
Emergency Contact Name:		Phone:

PHYSICAL ACTIVITY

- What is your child's current level of activity?
- Does your child participate in team sports? If yes, which ones?
- Approximate number of minutes per day of physical activity

GENERAL HEALTH

Has your child suffered or been diagnosed with any of the following?

Injury (Mark Y or N)	Date of occurrence	Status of recovery
Broken bones:		
Head trauma:		
Heart Condition:		
Allergies:		
Asthma:		
ADHD:		
Other injuries or conditions:		

- Does your child take any prescription or over the counter medications? If yes, please list:
- Does your child need a rescue inhaler?
- Do you know any reason why your child should not participate in physical activity?
- Additional information we should be aware of?:

PARENTAL EXPECTATIONS/CONCERNS: In the space below, please list your expectations of LG and state your concerns and/or reason for enrolling your child with LG.



Waiver and Release of Liability

HEALTH NOTIFICATION

LITTLE GIANTS SERVICES ARE NOT A SUBSTITUTE FOR PROFESSIONAL MEDICAL ADVICE OR A MEDICAL EXAMINATION. PRIOR TO YOUR CHILD'S PARTICIPATION IN ANY PROGRAM, ACTIVITY OR EXERCISE YOU SHOULD SEEK THE ADVICE OF YOUR PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL. YOU UNDERSTAND THAT THESE EXERCISES CAN BE STRENUOUS AND SHOULD BE DONE IN MODERATION. THERE IS AN INHERENT RISK IN ANY EXERCISE THAT, WHILE PROVIDING HEALTH BENEFITS, CAN ALSO CAUSE UNKNOWN HEALTH ISSUES. APPLICATION OR RELIANCE ON THE TECHNIQUES, ADVICE, IDEAS AND SUGGESTIONS OF ANY PERSON ASSOCIATED WITH LITTLE GIANTS ARE AT THE SOLE DISCRETION AND RISK OF THE PARTICIPANT AND HIS/HER PARENT AND GUARDIAN.

WAIVER

I AGREE, BY ALLOWING MY CHILD TO PARTICIPATE IN ANY PROGRAM/CLASS/TRAINING ASSOCIATED WITH LITTLE GIANTS THAT LITTLE GIANTS SHALL NOT BE LIABLE TO ANY DIRECT, INDIRECT, SPECIAL CONSEQUENTIAL OR EXEMPLARY DAMAGES FOR ANY INJURY OR HARM TO YOU AND YOUR CHILD INCURRED IN OR AROUND THE PROPERTY WHERE EXERCISE OCCURS. I WILLINGLY ASSUME FULL RESPONSIBILITY FOR THE RISKS THAT I AM EXPOSING MY CHILD TO AND ACCEPT FULL RESPONSIBILITY FOR ANY INJURY OR DEATH THAT MAY RESULT FROM HIS/HER PARTICIPATION IN ANY ACTIVITY OR CLASS FACILITATED BY LITTLE GIANTS.

X

RELEASE

IN CONSIDERATION OF THE ABOVE MENTIONED RISKS AND HAZARDS AND IN CONSIDERATION OF THE FACT THAT I AM WILLINGLY AND VOLUNTARILY ALLOWING MY CHILD'S PARTICIPATION IN THE ACTIVITIES AVAILABLE AT LITTLE GIANTS FACILITY LOCATED AT 627 E. 185TH STREET, EUCLID, OH 44119, I HEREBY RELEASE LITTLE GIANTS AND THEIR AGENTS, EMPLOYEES, INSTRUCTORS AND VOLUNTEERS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTION, WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY CHILD'S PARTICIPATION IN THIS ACTIVITY, INCLUDING THOSE ALLEGEDLY ATTRIBUTED TO THE NEGLIGENT ACTS OR OMISSIONS OF THE ABOVE MENTIONED PARTIES. I, THE UNDERSIGNED ACKNOWLEDGE THAT MY CHILD HAS NO PHYSICAL IMPAIRMENTS OR ILLNESSES THAT WILL ENDANGER HIM/HER OR OTHERS.

X

INDEMNIFICATION

I RECOGNIZE THAT THERE IS A RISK INVOLVED IN THE TYPES OF ACTIVITIES OFFERED BY LITTLE GIANTS. I THEREFORE ACCEPT FINANCIAL RESPONSIBILITY FOR ANY INJURY THAT MY CHILD OR I MAY CAUSE EITHER TO MYSELF OR TO OTHERS. SHOULD THE ABOVE MENTIONED PARTIES OR ANYONE ACTING ON THEIR BEHALF BE REQUIRED TO INCUR ATTORNEY'S FEES AND COSTS TO ENFORCE THIS AGREEMENT, I WILL REIMBURSE THEM FOR SUCH FEES AND COSTS. I AGREE TO INDEMNIFY AND HOLD HARMLESS LITTLE GIANTS, THEIR INSTRUCTORS, AGENTS, EMPLOYEES, AND VOLUNTEERS FROM LIABILITY FOR THE INJURY OR DEATH OF ANY PERSON(S) AND DAMAGE TO PROPERTY THAT MAY RESULT FROM MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION WHILE PARTICIPATING IN ACTIVITIES OFFERED BY LITTLE GIANTS.

X

ACCEPTANCE

I, THE UNDERSIGNED, DO HEREBY VERIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HAVE READ AND UNDERSTAND THE FOREGOING AND THAT BY SIGNING; IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSONAL AND DAMAGE TO PROPERTY CAUSED BY ME. I UNDERSTAND THAT BY SIGNING BELOW, I AM WAIVING VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Participant's Name

Parent/Guardian Name

Parent/Guardian Signature



LIABILITY WAIVER

I acknowledge that my child _____, will be participating in the services/classes provided by Little Giants. This is an effort to help my child get fit, eat healthier, learn good lifelong wellness habits, and build confidence. Little Giants trainers are professionals with a track record of success. However, as with any fitness and nutrition program, there are potential risks that are highly unlikely but none-the-less serious. These risks include, but are not limited to cuts, falls, sprains, muscle strains, bone breaks, seizures, nausea, vomiting and/or dizziness. In addition, and again, although it is highly unlikely, my child may experience fainting, asthma attacks, stroke, heart attack and/or even death as a result of this activity.

In the unlikely event that any of the aforementioned events, and/or circumstances should occur, my signature below indicates that I hold each and every instructor, trainer, Little Giants, Calvin Love, the facility, and staff, harmless for any and all injuries, death, damages, and/or liability that arises or may arise in the future as a direct or indirect result and/or cause of participating in the Little Giants activities.

Further, I acknowledge that I am responsible to consult with a physician regarding my child's participation in the Little Giants program before engaging in this activity. I acknowledge that Little Giants will be advising children as to healthier food choices and better eating habits. I acknowledge that I must approve any and all food choices to ensure that my child is not allergic to or unable to consume suggested foods for any reason.

By signing below, I acknowledge that I give my consent for my child to participate in the program and that my child has medical consent to participate in this activity. Further, my signature below indicates that, to the best of my knowledge, my child is healthy enough to participate in the Little Giants program.

Please print then sign your name, print your child's name, and provide today's date and return to Little Giants by _____, 2017.

Parent name (printed)

Parent Signature

Child's name (printed)

Date



PARENTAL MEDIA CONSENT

My name and signature below, followed by the printed name of my child, along with today's date indicates that I give my child permission to participate in the activities and/or services provided by Little Giants. I understand that the services provided by Little Giants are geared towards health, fitness and nutrition program specifically toward children. Therefore, I consent to my child's image being photographed, videotaped, painted, sketched and/or captured through any possible media and used in any lawful and ethical way to promote the services provided by Little Giants. I also consent to my child's voice being captured and transmitted through any possible media, and transmitted and used in any lawful and ethical way to promote the Little Giants services.

I further acknowledge that neither I nor my child is to be compensated for their participation.

Please print and sign your name and print your child's (children's) name(s) and provide today's date.

1. _____

2. _____