

## Fitness Centre Shoe Tag Program Waiver

**Date of program:**\_\_\_\_\_

**Age of participant:**\_\_\_\_\_

- |                    |                          |                          |
|--------------------|--------------------------|--------------------------|
| Level 1-Yellow Tag | <input type="checkbox"/> | 9Y-11Y + Parent/Guardian |
| Level 2-Red Tag    | <input type="checkbox"/> | 12Y-15Y                  |
| Level 3-Blue Tag   | <input type="checkbox"/> | 12Y-15Y                  |

Place checkmark in appropriate box above.

Please list any participant medical conditions or medications:

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I, \_\_\_\_\_ acknowledge that \_\_\_\_\_  
*Parent or Guardian* *Youth Participant's Name*

is participating in the Fitness Centre Shoe Tag Program at Cardel Place and meets all age and prerequisite requirements for the course. He/she will attend a group orientation course facilitated by a Fitness Instructor.

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*