



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## LAKOTA FAMILY YMCA MEDICAL CLEARANCE FORM

\_\_\_\_\_ (name of applicant) has applied for enrollment in the 12-15 year old cardiovascular training at the Lakota Family YMCA. This program shows them the benefit of cardio training and give them the proper use of the machinery. This form will be reviewed by a qualified personal trainer, and each child must be assisted by one of their parents.

*By completing the form below, however, you are not assuming any responsibility for our administration of the exercise program. If you know of any medical or other reason why participating in the exercise program by the applicant would be unwise please indicate so on this form.*

If you have any questions about this program please call the Fitness-Wellness/Program Director for Lakota Family YMCA at 513-779-3917.

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

### Report of Physician

\_\_\_\_\_ I know of no reason why the applicant may not participate.

\_\_\_\_\_ I believe the applicant can participate, but I urge caution because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ The applicant should not engage in the following activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I recommend that the applicant NOT participate.

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_