

**REGISTRATION FORM**  
**Go Girls! Fitness Support Group**  
**Thursdays from 5:30 – 6:30 PM**  
The Battle Building at UVA Children's Hospital  
1204 West Main St, Charlottesville, VA 22903

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Diagnosis \_\_\_\_\_

Address \_\_\_\_\_

Parent's names \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Medical History of Participant \_\_\_\_\_

Precautions (e.g. diabetes, high blood pressure, joint/back problems) \_\_\_\_\_

Medications \_\_\_\_\_

Parent's Goals \_\_\_\_\_

**Consent and Agreement**

I understand the nature and scope of the listed activity above. I understand that there are risks and dangers associated with the activity such as, but not limited to, overexertion, strained muscles, sprains, or falling. I understand that it is not the function of the fitness class or its instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to participate at their own pace to their own ability and exercise due care in the performance of the activity for the safety of him/herself and the other participants. I declare that this participant has never been told by a health care provider to avoid aerobic activities.

I understand that personal information relayed by participants during support group discussions is considered confidential. I agree not to discuss any personal information about other participants with anyone outside of the Go Girls! Fitness Support Group program. I agree to be respectful of the other participants both during group sessions and during any online Go Girls! discussions. I agree to follow the instructions of the group leaders for the safety of myself and others.

I have read and understand the above and I consent to the participation of the minor named above in the Go Girls! Fitness Support program offered by the UVA Children's Hospital.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL REPRESENTATIVE      PRINTED NAME      DATE      TIME

I have read and understand the above and I consent to follow the requirements for participation, as listed above.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT      PRINTED NAME      DATE      TIME

\_\_\_\_\_  
SIGNATURE OF WITNESS      PRINTED NAME      DATE      TIME