

Recess & Results® Health History Form

Please complete this form in its entirety for your child.

CHILD NAME: _____ AGE: _____

SEX (circle one): M F

Please check if your child has any of the following problems:

- Heart Disease or heart problems
- Hypertension (high blood pressure)
- Diabetes or abnormal blood sugar tests
- Epilepsy or seizures
- Abnormal Chest x-ray
- Asthma
- Orthopedic or muscular problems
- Overweight / obesity as diagnosed by pediatrician
- Allergies (if yes, please list on line below)

Does your child suffer from any other major health problems or disease states (if yes, please list below):

Use of prescription drugs (if yes, please list below):

Does your child have any physical or mental developmental delays that may impair participation in a physical activity program?

I acknowledge that cardiovascular, strength, and flexibility training and exercise places added stress on the body. I confirm that my child is in good health and accept full responsibility for any and all risk and injury occurring during or as a result of exercise with Recess & Results. Furthermore, I acknowledge that my child is engaging in a physical activity and exercise program designed and supervised by a certified Youth Movement Instructor and I accept all risks associated with my child's participation in the Recess & Results program. Any/all questions or concerns have been addressed with my child's pediatrician.

Parent signature

Date

Child Name

Recess & Results® Emergency Contact Information / Pick up Authorization

Please complete this form in its entirety for your child.

CHILDNAME: _____ AGE: _____

Parent/Guardian: _____

Address: _____

Phone Number: _____

Cell Number: _____

Email Address: _____

Alternative contact in case of emergency: _____

Relationship to child: _____

Phone number: _____

Alternative phone number: _____

Pediatrician: _____

Address: _____

Phone: _____

IMPORTANT!

Please list the names and relation of any other individual authorized to pick up your child from class. Please note – photo ID's will be checked. If the name is not on this list, or photo ID is not present, the child will not be permitted to leave with anyone other than parent/legal guardian.

Full Name: _____ Relation: _____

Full Name: _____ Relation: _____

Full Name: _____ Relation: _____

Full Name: _____ Relation: _____



Recess & Results® provides a safe, fun and encouraging environment for all children wishing to participate. To ensure the safety and well-being of your child(ren), Recess & Results® incorporates a few easy to follow rules for class.

Class rules are as follows:"

1. Always try your best.
2. Respect your leaders
3. Treat others how you want to be treated.
4. HAVE FUN!!

Recess & Results® Policy for Disruptive Behaviors

All Recess & Results® instructors have been carefully selected to ensure that your children will be in caring, able hands while participating in our program. Should any concerns arise, please contact founder Beth Vazquez at beth@recessandresults.com.

We know that children can become distracted and may need gentle guidance during class. Redirection starts with a simple reminder of the child's promise to follow our class rules.

If the behavior persists, the child will be asked to take a short break on the sidelines (no more than one minute).

Parents will be notified upon a 3rd need for redirection. If the behaviors escalate to a point where other children's ability to learn is being impaired, the child may be asked to leave the class.

Recess & Results has a zero-tolerance policy for physical threats and / or assaults. If a child becomes physical with another, they will be removed from class immediately and parents will be notified.

There will be no refunds for a child asked to leave the class for behavioral issues.

I have read the rules and policies for Recess & Results® and certify my child

_____ has permission to participate in Recess & Results® classes

Signature

Date