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## ***YOUTH WEIGHT ROOM ORIENTATION REQUEST***

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We are pleased you have decided to join us for a Youth Weight Room Orientation. To ensure you get the most out of your experience please review the following instructions prior to your orientation.

Youth 13-15 yrs are required to have successfully completed a Youth Orientation Session prior to using the weight room without Adult supervision.

**Youth Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Orientation Date (to be completed by Staff)**

**Booked Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

### ***HOW TO BOOK A YOUTH ORIENTATION:***

- Complete the orientation request and consent form and return to Timms Community Centre.  
In Person: 20399 Douglas Crescent  
Email: recreation@langleycity.ca
- Payment for the Youth Orientation Session must be made at the time of booking.  
**By Phone:** 604-514-2940      **In Person:** Timms Community Centre- 20399 Douglas Crescent
- \$10 for 45 minute session. Orientations must be booked 72hrs in advance.
- Youth orientations are non-refundable and non-transferrable. If more than 24 hours notice is given, we will attempt to re-schedule your orientation to another date and time.

### *WHAT TO WEAR:*

- Please come prepared to try the equipment. Clean, indoor athletic shoes and proper gym attire including shirts must be worn. Comfortable clothing that allows you to move freely is recommended.

### *WHAT TO EXPECT:*

- Do not arrive late for your orientation. 24 hours cancellation notice is required for a transfer.
- The signed consent form must be received at the time of purchasing a Youth Orientation.
- Please check-in for your orientation at the reception desk. Your trainer will escort you into the weight room.
- Youth Orientations are done one on one to ensure participants are receiving dedicated time with an instructor to learn the safest methods and proper use of the equipment.
- Your 45 minute orientation will provide a Basic Training Program for personal use.
- An instructor will demonstrate how to use the equipment, you will have the opportunity to try as well.
- At the end of the orientation, the instructor will provide you with a record of completion sheet. Please sign the sheet and return to the instructor.

### *COVID GUIDELINES:*

- For the safety of all participants and staff, the weight room capacity has been decreased. Physical distancing must be observed before, during and after workouts.
- Masks must be worn at all times within the facility except while exercising.
- Proof of full vaccination is required upon entry into the facility.
- All visitors must sanitize their hands upon entry.
- All users are required to sanitize equipment after use.

### *YOUTH ACCESS TO THE WEIGHT ROOM*

- Youth who have successfully completed the Weight Room Orientation will be permitted into the weight room without adult supervision during regular operating hours.
- All patrons must check-in at reception and pay the drop-in fee or swipe their pass card.
- A hand stamp is required to show proof of payment.
- All patrons are expected to follow posted policies, procedures and etiquette.

# YOUTH ORIENTATION CONSENT FORM:

*A signed Consent Form by a legal parent/guardian is required prior to participation in the Orientation.*

## **Acknowledgement of Understanding and Consent**

Youth between the ages of 13-15yrs must complete an orientation and be registered in our system to use the weight room. Signing this form, you confirm that you have read, understood and received a copy of all information provided on this form. I, as the designated parent/guardian of the youth named below, hereby give consent to participate in a weight room orientation and confirm that should the named dependant not abide by all conditions outlined, privileges can be suspended without refund.

Name of Youth: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Medical Questionnaire: please read and select **YES** or **NO**

YES	NO	
		Has a doctor ever said you have heart trouble?
		Do you frequently have pains in your heart and chest?
		Do you often feel faint or have spells of severe dizziness?
		Has a doctor ever said your blood pressure was too high?
		Has a doctor ever told you that you have a bone or joint problem such as arthritis may be aggravated by exercise?
		Is there a good physical reason not mentioned here why you should not follow an activity program?

Please list any areas of concern (ie: limitations) that your trainer needs to be aware of:

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\_\_\_\_\_  
Youth Signature

DATE: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

DATE: \_\_\_\_\_

Staff Information	
Date of Orientation:	Trainer:
Completed (Y/N):	Trainer Signature: