The Corporation of the Municipality of St.-Charles Policy for under 16 years of age access to the Fitness Center

The number of overweight and obese children has increased over the past 30 years. "Overweight and obesity in childhood are known to have significant impact on both physical and psychological health. Obese children tend to become obese adults. Currently 30% of children aged, 5-17 are overweight or obese.

To help combat this growing trend The Corporation of the Municipality of St.-Charles has developed a new policy for ?-15 year olds that allows them to access a wider range of activities.

However, the issues relating to safety and ethics surrounding the participation of children in activities at any facility are indeed complex. The Corporation of the Municipality of St.-Charles has established an inclusive policy based on <u>recommended</u> best practices.

The table below is a brief summary of the different Gym<u>equipment</u> ?-16 year olds can attenduse:

Age Range	Cardiovascular	Resistance	Smith Machine &
	Equipment	Equipment	Free Weights
?-12	Yes	No	No
13-15	Yes	Yes	No
16+	Yes	Yes	Yes

All ?-15 year old members must complete a Physical Activity Readiness Questionnaire (PAR-Q) prior to use of the Gym.

The PAR-Q and membership application form must be signed by the ?-15 years old parent or guardian.

Youth 16 and under must be accompanied by a parent or guardian at all times. A declaration of such must be signed prior to access being authorized.

The parent or guardian will be informed at this time that they must notify us in writing if there are any changes to be made to the par-q information or if the child has any special requirements.

Fitness Centre Monday to Thursday 5 am to 8 am, 12pm to1 pm, 4:30 to 11 Friday to Sunday pm 5 am to 11 pm I, [Parent/Guardian's Full Name], the undersigned, hereby declare that I am the parent/legal guardian of [Child's Full Name], who is under the age of 167. In my capacity as the parent/legal guardian, I assume full responsibility for my child's safety and conduct while they are present at St Charles Fitness Centre, 1 King Street East, St Charles.

I acknowledge and agree to the following:

1. Supervision and Conduct:

- I will ensure that my child adheres to all rules, regulations, and guidelines established by the fitness centre.
- I understand that my child must be supervised at all times while in the facility, and I will be responsible for their behavior and actions.
- I understand that the fitness centre is not supervised by municipal staff.

2. Health and Safety:

- I confirm that my child is in good health and is physically capable of participating in activities at the fitness centre.
- I understand that participation in fitness activities carries inherent risks, and I accept full responsibility for any injuries or health issues that may arise as a result of my child's participation.

3. Liability Waiver:

- I release and hold harmless St Charles Fitness Centre (The Corporation of the Municipality of St.-Charles), its staff, employees, and agents from any and all claims, demands, or causes of action arising out of or in connection with my child's participation in fitness activities.
- I agree to indemnify the fitness centre <u>in full</u> for any loss or damage to property caused by my child.

4. Emergency Medical Treatment:

- In the event of a medical emergency, I authorize <u>MunicpalMunicipal</u> staff to seek necessary medical treatment for my child.
- I understand that I will be responsible for any medical expenses incurred as a result of such treatment.

5. Contact Information:

• I will provide up-to-date emergency contact information and ensure that the fitness centre can reach me or another designated guardian at all times during my child's presence at the facility.

By signing this declaration, I affirm that I have read, understood, and agree to the terms and conditions outlined above. I acknowledge that this declaration is legally binding and that I am fully responsible for my child's welfare and actions at the St Charles Fitness Centre.

Parent/Guardian Information:

- Full Name: _____
- Relationship to Child: ______

- Contact Number: ______
- Email Address: ______
 Emergency Contact Name: ______
- Emergency Contact Number: ______

Child Information:

- Full Name: ______
 Date of Birth: ______