



Permission to Participate in Physical Fitness Training Program

(PLEASE PRINT)

PATIENT'S NAME: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S PHONE: () _____

Please check one of the following to indicate your approval or disapproval:

I APPROVE of my patient's participation in Upper Mt. Fire Company's physical fitness program(s) and use of it's gym facilities without any restrictions.

I APPROVE of my patient's participation in Upper Mt. Fire Company's physical fitness program(s) and use of it's gym facilities **with the following restrictions:**

I DO NOT APPROVE of my patient's participation in Upper Mt. Fire Company's physical fitness program and use of it's gym facilities for the following reasons:

Physician Signature

Date

Please return this form to:

Upper Mountain Fire Company

ATTN: Trainer

839 Moyer Rd., Lewiston NY 14092

phone: 716.297.0330 | fax: 716.297.1074



Orientation Form for Physical Fitness Equipment

Name (please print)

has completed the orientation of the fitness equipment located in the Upper Mt. Fire Company's fitness center and understands all the policies associated with its' use.

Trainers Signature

Date

Participant Signature

Date

Sponsoring Members Name

Signature of Parent or Guardian (if under 18yrs of age)

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