

Lean Beans
16B Old Riverhead Road
Westhampton Beach, NY 11978



Registration & Release Form

Name: _____ D.O.B _____ Age _____

Weight: _____ Height: _____

Parent/Guardian: _____ E-mail: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Can I text you? Yes No

Emergency Contact: _____

Relation: _____ Phone: _____

Does your child have any known allergies? _____ If yes, please explain _____

Does your child have any known limitations or reasons that may prevent them from participating in any form of exercise? _____

If yes, please explain _____

Release Form

A doctor's note is highly recommended as a safety precaution to ensure your child is able to participate in physically demanding activities and/or make diet changes. I (**have** / **have not**) provided a doctor's note of clearance for my child to participate at Lean Beans.

I am giving permission for my child to participate in Lean Beans.

Signature: _____ Date: _____

Sessions must be paid for in advance or your child will not be permitted to participate. In order to reschedule a session, cancellations must be made 24 hours in advance. If cancelled before 24 hours, your child can make up the missed session within the dates of service (specified on the invoice). If you cannot comply, your session will be "missed" and appropriately charged. Please call 288-3615 if an appointment needs to be cancelled with less than 24 hours notice (do not e-mail).

The allotted time for your child is between your child and the coach. Parents/Caretakers must stay in the waiting area and may observe from the observation window, but cannot interact with their child in any way. Parents may be included in a portion of the nutrition counseling sessions and the child, coach, and parent(s) will determine this collectively. Ultimately, the coaching relationship is about your child and your family as client, taking full responsibility for your actions, and your family's life. You enter into coaching with the understanding that you are responsible for creating your own decisions and results.

I have read and understand the Lean Beans, Inc policy regarding payments, cancellations, and interaction with my child during the session. I have given my child permission to take part in the class, which may include physically demanding activities and/or diet changes. I understand and accept the possible risks of injury associated with physical activities and will consult my doctor about the nutrition recommendations. I will not hold Lean Beans or any of the instructors liable for any injury or damage, which may occur to my child as a result of participation in the lifestyle changes. I hereby release, waive, discharge Lean Beans, Inc., its officers, directors, and employees from any and all liability for any outcomes resulting directly or indirectly from the coaching process while at Lean Beans.

Signature: _____ Date: _____