



Countryside Community Club
 9151 N. Bald Eagle Ave.
 Tucson, AZ 85742

Dear Physician,

_____, **(print name of parent or legal guardian)** who is a member of Countryside Community Club Association, who wants their child and your patient,

_____, **(print name of minor)** to use the club's fitness room.

Below is a list of the fitness equipment at our club. This list may change or be updated from time to time, but our equipment will always be consistent with the equipment found in a gym or other fitness facility. Please note that our fitness room is not intended for the conduct of physical therapy with respect to injuries, illnesses, or other health problems. Rather, it is intended for strength and aerobic training leading to a general improvement in the overall physical condition of already-healthy individuals. You should also be aware that Countryside Community Club Association does not employ the services of a physical fitness trainer nor is such an individual onsite in a volunteer capacity.

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| Bicycle | Cardiovascular |
| Treadmill | Cardiovascular |
| Elliptical | Legs, Calf, Cardiovascular |
| Stairmaster | Legs, Calf, Cardiovascular |
| Flat Bench | Chest muscles (spotter required) |
| Preacher Bench | Biceps |
| Seated Calf | Calf muscles |
| Leg Extension/Curls | Legs |
| Dynamic Barbells | All major upper body muscles |
| Adjustable sit up | Abdomen |
| Smith Machine | Chest, Legs, Arms, Back |
| Hoist 4400 Multi Gym - 4 stations (leg press/adjustable cable column/rigid arm pull-down and chest press/mid row/leg extension/standing leg curl | Legs/arms/back/chest |

Please evaluate the above-named patient's ability to use our equipment safely and in accordance with the above stated purpose. If you approve of your patient's use of all listed equipment, please complete this form for his/her parent or legal guardian.

_____**(print name of minor)** may use the fitness equipment at Countryside Community Club Association.

 Physician **(print name and sign)** Date: _____

 Parent/Legal Guardian **(print name and sign)** Date: _____