



### Kids Fitness Class Registration Form

Participants Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent and/or Guardian's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact Information

Name of Emergency Contact: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Does your child have any allergies? If so, please indicate below: \_\_\_\_\_

Additional information FITNESS 4 YOUTH should be aware of? \_\_\_\_\_

### Program Information

Day:	Program:	Time:	Location:	Cost:	Pick a program:
Monday	Kids Fitness (Age 8-12)	4-5pm	2012 Lawrence Ave E. Scarborough, ON	\$8/Class	<input type="checkbox"/>
Tuesday	Zumba Kids Jr (5yrs and under)	4-5pm	St. Matthews United Church - 729 St. Clair Ave W. Toronto, ON	\$8/Class	<input type="checkbox"/>
Wednesday	Kids Fitness (Age 8-12)	5:30pm-6:30pm	2012 Lawrence Ave E. Scarborough, ON	\$8/Class	<input type="checkbox"/>

Please select of the following:

<input type="checkbox"/> <b>DROP - IN \$10/Class</b> <i>*Exact payment is required prior to every program</i>	<input type="checkbox"/> <b>FULL REGISTRATION</b>
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### Payment Information

- Cheque   
  PipsPass   
  Credit   
  Email Money Transfer

EMT (shyanne@fitness4youth.com with password: zumbakids). Once ent is received, registration will be confirmed.

*\*Cheques are payable to "FITNESS 4 YOUTH"*

Full payments are to be completed prior to the first day of class (no-refunds)

*\*Should any cheques go NSF there is a \$50.00 NSF fee that will be applied*

**AGREEMENT OF RELEASE, ASSUMPTION OF RISK AND WAIVER OF LIABILITY**

\*Participants Name: \_\_\_\_\_

\*Parent/Guardian’s Name: \_\_\_\_\_

This agreement is between FITNESS4YOUTH (Shyanne McPherson, Director) plus additional Fitness instructors who may be conducting classes who are appointed by FITNESS4YOUTH and the individual parent/guardian whose name is printed and signed below:

I, \_\_\_\_\_, hereby agree to the following:

- 1. Participating in our \_\_\_\_\_ offered by FITNESS4YOUTH, you acknowledge that all programs include some physical exertion that may be strenuous and may cause physical injury, and are fully aware of the risks and hazards involved for your child.
- 2. It is my responsibility to consult with a physician prior to and regarding all participation of your child in the various programs offered by FITNESS4YOUTH. You consent that your child is physically capable and has no medical condition that would prevent full participation in any class.
- 3. This is a legally binding release, waiver, discharge and Covenant Not to Sue the authorized organization, (FITNESS4YOUTH) for any injury, death, property damage, loss of any kind in the event of participation in the following \_\_\_\_\_. (Name of Program)
- 4. I hereby grant FITNESS4YOUTH, permission to take and use photographs and/or videos of my child which may be used in any and all of its publications, including our website, brochures or promotional materials. Additionally, we waive any right to royalties or other compensation arising related to the use of the photograph and/or video.

Please Select:

I understand and agree with the following information listed above.

Name (print)

\_\_\_\_\_

Date Submitted:

\_\_\_\_\_

Signature

\_\_\_\_\_

