

**Fitness and Fun, LLC**  
**CHILD REGISTRATION CARD**

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**CHILDREN:**

NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ M F \_\_\_\_\_

SESSION \_\_\_\_\_ CLASSES \_\_\_\_\_ DAYS/TIMES \_\_\_\_\_

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This section to be filled out by desk attendant

NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ M F \_\_\_\_\_

SESSION \_\_\_\_\_ CLASSES \_\_\_\_\_ DAYS/TIMES \_\_\_\_\_

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**EMERGENCY CONTACT:**

(someone other than a parent) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT FITNESS and FUN?**

NEWSPAPER \_\_\_ PHONE BOOK \_\_\_ FLIER \_\_\_ FRIEND \_\_\_ WEBSITE \_\_\_ OTHER \_\_\_

REFERRED BY: \_\_\_\_\_

**I have received my FITNESS and FUN PARENT/STUDENT HANDBOOK and agree to read it and abide by the material contained within.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**FITNESS and FUN POLICIES**

**PAYMENT POLICIES:**

\_\_\_\_\_The year will be divided into 3 sessions:

Fall – September – December      Winter/Spring – January – May      Summer – June – August

Three options will be available for payment of classes attended during any of the above mentioned sessions:

Option 1 – payment in full for the entire session (monthly fee x the number of months in the session.)

(Winter/Spring session can be divided into two installments...January & March.)

Option 2 – monthly draft from a credit or debit card

Option 3 – monthly payment at the front desk. \$5.00 per month service fee will apply.

\_\_\_\_\_CANCELLATION POLICY – refunds will be offered for paid in full students and monthly drafts will be cancelled in the event of an injury or extended illness. Should the parent or student wish to simply drop the classes a \$10.00 cancellation fee will apply.

**MAKE-UP POLICIES:**

\_\_\_\_\_In order for my child/children to be eligible for a make-up class, I understand that I must call in advance of the missed lesson to inform the studio that my child/children will not be in attendance.

\_\_\_\_\_I understand that if my child/children miss a lesson, there will be no refund or credit available unless there is a doctor's written notice of serious illness or injury that will prohibit the child/children from participating for an extended period of time, or the family relocates to a residence 30 miles or more away from Fitness and Fun.

\_\_\_\_\_I understand that it is the studio policy to offer make-up lessons for missed classes rather than refunds.

**SEVERE WEATHER POLICY:**

\_\_\_\_\_I understand that classes canceled due to severe weather will not be rescheduled. Full payment for the month will be required. No credit will be given should I choose to not attend a make-up class.

\*Please refer to Parent/Student Handbook for further details on this policy.

**AGREEMENT AND RELEASE**

I, \_\_\_\_\_, the parent or legal guardian

of \_\_\_\_\_, consent and agree to allow my child to participate in various exercise, dance and tumbling activities and other activities at FITNESS and FUN, LLC. It is agreed that I will be responsible for payment of any fees or charges associated with said activities.

In consideration of my child being permitted to participate in various exercise, dance, and tumbling activities and other activities, I do for myself, my heirs, executors, administrators and assigns, hereby release and forever discharge FITNESS and FUN, LLC., its heirs, administrators, executors, officers, agents, and representatives, including but not limited to Vickie Maxwell of and from any and every claim, demand, action or right of action, of whatever kind of nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage of any nature resulting or to result from any accident or incident which may occur as a result of my child's participation in activities of any nature or any activities in connection therewith at FITNESS and FUN, LLC., whether by negligence or not.

I further release all agents, officers, employees and personnel of FITNESS and FUN, LLC. from any claim whatsoever on account of first aid treatment or service rendered during my child's stay at FITNESS and FUN, LLC.

This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof and sign this release as a free act.

IN WITNESS WHEREOF, I have executed this release at East Alton, Illinois, this

Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date