



HR____ MC____

REGISTRATION FORM FITNESS CONNECTION-CHILDREN

(Please print. all information is confidential)

Activity seeking to do:

Referred by:

Date:

CHILDS NAME:

AGE:	DATE OF BIRTH		
	MONTH:	DAY:	YEAR

CHILDS NAME:

AGE:	DATE OF BIRTH		
	MONTH:	DAY:	YEAR

CHILDS NAME:

AGE:	DATE OF BIRTH		
	MONTH:	DAY:	YEAR

MOTHER'S NAME:

Phone Numbers	Home	Work	Cell:
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EMAIL:

MAILING ADDRESS	PO BOX	KY1-
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FATHER'S NAME:

Phone Numbers	Home	Work	Cell:
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EMAIL:

MAILING ADDRESS	PO BOX	KY1-
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EMERGENCY CONTACT:(other than parents)

Phone Numbers	Home	Work	Cell:
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EMAIL:

Does your child have any known medical condition for example?

Epilepsy, heart condition, ear tubes and / or allergies

Other important information about your child that you would like us to know?

If your child is outside during our activities, may we apply sunscreen Yes No

I acknowledge that the information on this card is true and correct to the best of my knowledge I hereby release Fitness Connection Ltd., and all its employees, agents, assigns and other persons connected with the program, liability that may arise as a result of my child's participation in activates. By this release, I acknowledge that if my child has any know limited health conditions, I should consult with a physician prior to participating in the activity.

Parent/Guardian SIGNATURE:

DATE:

All payments for each term must be paid in full. The only exception is offered to family/siblings (more than one child) that are already registered with Fitness Connection. Only then will a deposit of 50% be accepted to hold a space. Balances must be paid before the term commences.

There is a late fee of \$10 per child for outstanding balances not paid by the close of business on the day your child attends. In addition, your space within the class for the term will be forfeited.

Parent/Guardian SIGNATURE:

DATE: