Lourdes
Health & Fitness

FITKIDS

REGISTRATION FORM

FIT KIDS!

/ /
TODAY'S DATE

☐ MEMBER ☐ NON-MEMBER _____
MEMBER ID

PARTICIPANT INFORMATION

FIRST NAME | LAST NAME | D.O.B. | AGE

PARENT/GUARDIAN INFORMATION

FIRST NAME | LAST NAME | RELATIONSHIP TO CHILD

ADDRESS LINE 1 | ADDRESS LINE 2 | CITY | STATE | ZIP CODE

MOBILE PHONE | ALTERNATIVE PHONE | EMAIL ADDRESS

EMERGENCY CONTACT INFORMATION

NAME | RELATIONSHIP TO CHILD | MOBILE PHONE | ALTERNATIVE PHONE

CLASS(ES)

_____

_____

PRICING

☐ **Member Pricing** _____

☐ **Non-Member Pricing** _____

PARENT/GUARDIAN SIGNATURE

SIGNATURE OF PARENT/GUARDIAN | DATE

PRINTED NAME OF PARENT/GUARDIAN | PRINTED NAME OF CHILD

Non-members are welcome to enroll their children in FitKids!

For more information, contact Patti Stanko at patriciast@fitnessandwellness.org or by calling the center at 607-306-2100.

PLEASE NOTE: A minimum of four children registered in each class is required for all classes to take place.

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Please review the below information and sign that you have read and understand the policies. If you have any special concerns, please discuss them with your instructor.

__/__/__
TODAY'S DATE

GENERAL PARTICIPATION WAIVER

The undersigned parent/guardian on behalf of their participating child, agrees that engaging in any program at **Lourdes Health & Fitness ("LH&F")** shall be taken at the sole risk of the participant in said program, including all consequential and incidental damages. The participant, parent/guardian and child, for their/themself and on behalf of their executors, administrators, heirs, and assigns, does hereby expressly release, discharge, waive, relinquish and covenants not to sue LH&F, (including its officers, agents, employees, and instructors) for all such claims, demands, injuries, damages, or causes of action, with respect to any LH&F program.

PRINTED NAME _____ SIGNATURE _____ DATE __/__/__

PERMISSION TO RESPOND TO MINORS

In case of an emergency or incident, I (parent/guardian name) _____ give permission to the staff of LH&F to evaluate, respond to, and notify Emergency Medical Services (EMS) if needed for (child's name) _____, until a parent/guardian can be notified and/or arrive at the facility.

Child's Information

CHILD'S FIRST NAME _____ CHILD'S LAST NAME _____ D.O.B. __/__/__ AGE _____

Does the child have any food or other allergies? ☐ NO ☐ YES _____
If yes, please list above.

Emergency Contact

NAME _____ RELATIONSHIP TO CHILD _____ MOBILE PHONE _____ ALTERNATIVE PHONE _____

Parent/Guardian Consent

PRINTED NAME _____ SIGNATURE _____ DATE __/__/__

PARENT/GUARDIAN SIGNATURE

I have read and understand all of the policies and procedures above on behalf of my child.

SIGNATURE OF PARENT/GUARDIAN _____ DATE __/__/__

PRINTED NAME OF PARENT/GUARDIAN _____ PRINTED NAME OF CHILD _____

FOR STAFF USE ONLY

Recorded By

EMPLOYEE NAME _____ EMPLOYEE SIGNATURE _____ DATE __/__/__