



2011-2012 Registration Form

Form must be filled out in its entirety with all signatures. Annual registration fee is \$25 per student or \$40 per family. No refunds will be issued during the 8 or 12 week session. In case of injury, a credit may be applied to your account.

2800 Main Ave.
Fargo, ND 58103
Phone: 701-365-8868
Fax: 701-365-8870

Web: www.tntkidsfitness.org

E-mail: kidscomefirst@tntkidsfitness.org

I. Parent/Guardian Information

Guardian #1 Name:		Guardian #2 Name:		Local Emergency Contact:	
Guardian #1 Cell: ()		Guardian #2 Cell: ()		Local Emergency Phone # ()	
Guardian #1 Work: ()		Guardian #2 Work: ()		E-mail #3:	
E-mail #1:		E-mail #2:		Home #: ()	
Street Address:		City:		State/Zip:	
				Home #: ()	

II. Participates Information

REFERRED BY: (Family, Friend, Agency) ? _____

1st Participants Name:		Birth Date: _____		Gender (circle one): Male or Female		Class Fee:	
Class Name:		1st: Class Day & Time:		2nd: Class Day & Time:		Insurance Fee, if owed:	
2nd Participants Name:		Birth Date: _____		Gender (circle one): Male or Female		Class Fee:	
Class Name:		1st: Class Day & Time:		2nd: Class Day & Time:		Insurance Fee, if owed:	
3rd Participants Name:		Birth Date: _____		Gender (circle one): Male or Female		Class Fee:	
Class Name:		1st: Class Day & Time:		2nd: Class Day & Time:		Insurance Fee, if owed:	

ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL AUTHORIZATION

In consideration for allowing my child(ren) to use these facilities, I, on my behalf of my child(ren) and as legal parent/guardian, I recognize what potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling & trampoline, birthday parties, special events & activities including inflatables, camps, parent participant activities and any and all other programs offered at TNT Kid's Fitness & Gymnastics Academy. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all TNT Kid's Fitness & Gymnastics Academy programs and activities and I ACCEPT ALL RISKS associated with that participation. By your attendance in class or events at TNT, you are granting your permission for you and your child to be filmed, videotaped, audio taped, or photographed by a means and are granting full use of your likeness, voice, and words without compensation. In the event of an emergency I would like my below mentioned child(ren) to be taken to a hospital for medical treatment and I hold TNT Kid's Fitness & Gymnastics Academy and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for TNT Kid's Fitness & Gymnastics Academy.

I have read and understood this ASSUMPTION OF RISK, WAIVER OF LIABILITY & MEDICAL AUTHORIZATION.

I have read and agree to the policies and procedures listed above.

Parent/Guardian/Respite Agency Signature: _____

Date: _____

FOR OFFICE USE ONLY

FORM OF PAYMENT:

CREDIT CARD- CIRCLE ONE: VISA, MC, DISC, AM.EXP

CASH, RECEIPT # _____

CHECK # _____

COUPON OR DISCOUNT AMOUNT: \$ _____

TOTAL FEES: \$ _____ DATE PAID: ____/____/____

Session: _____ Days per week: _____