



## 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](http://www.tntkidsfitness.org)

E-mail: [kidscomefirst@tntkidsfitness.org](mailto:kidscomefirst@tntkidsfitness.org)

### I. Parent/Guardian Information

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

### II. Participates Information REFERRED BY: (Family, Friend, Agency) ? \_\_\_\_\_

<b>1st Participates Name:</b>	Birth Date: ____/____/____	Gender ( <b>circle one</b> ): Male      or      Female	Class Fee:
Class Name:	1st: Class Day & Time:	2nd: Class Day & Time:	Insurance Fee, if owed:
<b>2nd Participates Name:</b>	Birth Date: ____/____/____	Gender ( <b>circle one</b> ): Male      or      Female	Class Fee:
Class Name:	1st: Class Day & Time:	2nd: Class Day & Time:	Insurance Fee, if owed:
<b>3rd Participates Name:</b>	Birth Date: ____/____/____	Gender ( <b>circle one</b> ): 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:
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#### 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: \_\_\_\_/\_\_\_\_/\_\_\_\_