



S.O.A.R.

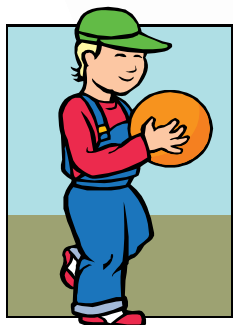
(Students of All Abilities Respected)

2012–2013

S.O.A.R. is TNT's after school program promoting healthy eating and 60 minutes of physical activity a day!

Our goal is to provide an environment that makes kids of all-abilities feel safe and respected. Kids learn patience, acceptance and understanding for others through fun and exciting activities. This after school program assures that kids get a daily fitness class and a healthy snack each time they come. We want all kids to be successful and feel good about themselves.

TNT provides transportation from the following West Fargo schools: Lodoen Center, Eastwood, South, L.E. Berger, and Westside Elementary. Children from any other schools are still welcome to join our program, but parents must provide transportation!



The cost is \$220 per month.





2012 - 2013 S.O.A.R. Registration

2800 Main Ave.
 Fargo, ND 58103
 Phone: 701-365-8868
 Fax: 701-365-8870
 Web: www.tntkidsfitness.com
 E-mail: kidscomefirst@tntkidsfitness.com

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 9 week session. In case of injury, a credit may be applied to your account.

I. Parent/Guardian Information

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

II. Child(ren) Information REFERRED BY: (Family, Friend, Agency) ? _____

1st Child's Name:	Birth Date: ____/____/____	Gender (circle one): Male or Female
Program: S.O.A.R.	School:	Paid Membership Fee? Yes or No
2nd Child's Name:	Birth Date: ____/____/____	Gender (circle one): Male or Female
Program: S.O.A.R.	School:	Paid Membership Fee? Yes or No

III. Additional Authorized Pick-ups (other than Parent/Guardian)

Unless otherwise authorized in writing, no one but the Parent/Guardian/Emergency Contact Repite Agency may pick up children from TNT. List below other adults authorized for this purpose. A photo ID may be required at time of pick up.

Contact #1 Name:	Relationship:	Address (Required):	E-mail Address:
Home #:	Cell #:	City/State/Zip:	Work #:
Contact #2 Name:	Relationship:	Address (Required):	E-mail Address:
Home #:	Cell #:	City/State/Zip:	Work #:

IV. Medical Information (Required)

Physician Name:	Clinic Name:	Address of Clinic:	City/State/Zip:	Clinic Phone #:
Hospital Preference:	Hospital Phone #:	Health Insurance Provider:	Health Insurance Policy #:	Other Side of Form, Please

V. Medical Conditions

ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL AUTHORIZATION

Please check any that apply for your child.	
Attention Deficit Disorder (ADD)	Hyperactivity Disorder (ADHD)
Mild to Moderate Mental Impairment (MMMI)	Moderate to Severe Mental Impairment (MSMI)
Attention Deficit	Early Childhood Special Education (ECSE)
Allergies: (Please list)	Food Allergies: (Please List)
Emotional/Behavioral Disturbed (ECSE)	Depression Disorder
Asthma, RAD	Visual Impairment
Eczema/Dermatitis	Speech Impairment
Seizure	Hearing Impairment
Specific Learning Disability	Physical Disability
Developmentally Delayed	Other – Please specify:
Are there any medications that your child takes on a regular basis? YES NO If yes, please list:	
Will your child need to take medication while at TNT? YES NO If yes, please complete a Medication Permission Request Form, available at the desk.	

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.

Parent Agreement

1. I understand that I may visit my child at TNT at any time.
2. I understand that corporal punishment and abuse of any kind will not be allowed at TNT.
3. I understand that TNT MUST report any abuse or neglect suspected or observed to the proper authorities.
4. I understand that if my child has special needs I must schedule a meeting the Kid’s Fitness Director prior to attending TNT.
5. I understand that I must report any changes regarding employment status, address, phone numbers, or other relevant information to TNT in a timely manner.
6. I understand I must supply my child with sunscreen and insect repellent.
7. I understand that I must give a two week notice should I decide to discontinue or cancel weeks for the SOAR and No Bummer Summer Programs. A 48-hour notice is required to cancel the School’s Out Day Camp registration.

Parent Consent

1. I give permission for TNT to release medical information in the case of an emergency with my child for emergency medical care if reasonable attempts have been made to contact me.
2. I hereby for myself, my children adopted or otherwise, my heirs and executors, waive and release any and all rights and claims for damages that I may have at any time against TNT Kid’s Fitness & Gymnastics Academy, their agents or representatives; for any injury or damages that may be suffered by me, my child adopted or otherwise, in connection with my association of entry in activities involving motion, rotation, and height in a unique environment and as such carries with it the risk of serious injury.
3. I give permission for TNT to transport my child for program related activities. I will be notified in advance where and what time my child will be transported.
4. I understand and acknowledge that college students and other young adults are employed by TNT. I give permission for any student to use or publish information on the care or social interactions with any of the children as part of their college course work. All names of children will be kept confidential. I therefore release TNT from any liability for the use and publications of any information by any employee of TNT.
5. I give permission for TNT staff to assist in applying sunscreen and/or insect repellent to my child.
6. I give permission for TNT staff to use antiseptic wipes, antibiotic cream, hydrocortisone cream, & first aid in the event my child is injured.

It is the policy of TNT that a child will not be released to any individual who is not named on this registration form as a parent/guardian or indicated as an emergency contact or authorized pickup. **Verbal permission by the parent is not permitted.** Any change must be made to the front office in writing by the parent/guardian. **A photo ID may be required at time of pickup. School’s Out Day Camp, SOAR, and NO BUMMER SUMMER PROGRAMS close at 6:00 PM daily.** When a child is not picked up by 6:00 PM there will be an **additional \$10.00 late charge for up to every 15 minutes** after 6:00 PM. **Parents must sign their child out from TNT at the front desk when removing them from our care.** This is a liability release and safety issue requirement.

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

Parent or Guardian Signature:	Date:
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<p>FOR OFFICE USE ONLY</p> <p>FORM OF PAYMENT:</p> <p>CREDIT CARD- VISA, MC, DISC</p> <p>CASH, RECEIPT # _____</p> <p>CHECK, CHECK # _____</p> <p>COUPON OR DISCOUNT AMOUNT: _____</p> <p>TOTAL CLASS AND ANNUAL MEMBERSHIP FEE:</p> <p>\$ _____ DATE PAID: ____ / ____ / ____</p>	<p>ADDITIONAL NOTES:</p>
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