Project Fit Kids Registration/Waiver Form

Primary Facilitator: Audrey Hinds – 804-908-8255

Cost: $75 for 8 Weeks of Group Exercise for 1st – 8th Grade

Child's Name:_____ Grade:____ School:_____

Address:_____Zip_____

Email Address:_____ Home Phone:_____ Cell:_____

Birth Date:_____Current Age:_____ Gender: M _____F _____

Mother/Guardian's Name:_____Work:_____Cell:_____

Father/Guardian's Name:_____Work:_____Cell:_____

Emergency Contact: _____Phone:_____Relationship:_____

Physical or Emotional Limitations:_____

Allergies (including medication, food, insects, outdoors):_____

Current Medication(s) and Dosage:_____

Emergency Care Authorization

I, _____understand that everything will be done to ensure the highest safety for my child. However; should an accident or injury occur Audrey Hinds, staff or facility will not be held responsible. In case of an emergency, if unable to contact parents, guardian or emergency contact, I give Audrey Hinds or staff permission to contact EMS to obtain the quickest and safest care for my child. I will assume all responsibility for any cost incurred. In addition, I certify that to the best of my knowledge my child is healthy and can successfully complete this 8 week youth fitness program.

Physician Name:_____Phone:_____

Name of Hospital or Medical Center:_____

Check for Consent

☐ I give permission for my child's photo/video to be used for marketing/promoting purposes including social media/website/flyers, brochures, etc.

☐ I give permission for my child to attend independently and sign in and out each day

_____ _____

Signature of Parent/Guardian Date

☐ **Paid: (office use only)**