

Fitness Fun For All

Registration Form

School:

Class day/time:

Student Information:

Name:

Address:

Home Number:

Birthday:

Other Number:

Age:

Are there any medical or physical impairments that we should be aware of? If so, what?

Parent Information:

Parent or Guardian's Name:

Address:

Home Number:

Cell Number:

Work Number:

E-mail address:

Parent Information:

Parent or Guardian's Name:

Address:

Home Number:

Cell Number:

Work Number:

E-mail address:

Emergency Contact:

Name:

Home Number:

Cell Number:

Work Number:

Preferred Hospital:

Fitness Fun For All

Medical and Publicity Release

Student Name: _____

Home Phone: _____

Parent Name: _____

Contact Number: _____

Are there any medical or physical impairments we should be aware of? If so, what?

Please read and sign the medical release below:

1. I hereby state the student listed is in good physical condition or has had medial clearance from a doctor to exercise or dance with Fitness Fun for All.
2. I further understand that aerobics or dance, like all other physical activities involving motion, involves risk of injury.
3. I also understand that during class, the instructor may use hands-on techniques for the teaching of proper positions and for the prevention of injuries.
4. In case of medical emergency, I authorize Fitness Fun For All to use their best judgment in arranging medical help if the parents/guardian or emergency contact cannot be reached.
5. I hereby waive and release any and all claims I may, or in the future, have including all costs, liabilities, expenses or judgments including attorney fees, and court costs arising from participating in these programs. Hudson Montessori School, Fitness Fun For All instructors, the owners or their families are not liable for any and all injuries suffered by the students while participating in class at Fitness Fun For All.

I certify that I have read this medical release form and understand it. I further certify that I have discussed the importance of following instructions with my child in order to reduce any risk of injury.

Parent/Guardian Signature: _____

Date: _____

Please read and sign the publicity release and authorization below:

Fitness Fun For all has my permission to use my child's _____
photograph in advertising, publicity and the web for Fitness Fun For All.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

Fitness Fun For All

Medical and Publicity Release

