

KIDFIT REGISTRATION, EMERGENCY INFORMATION, AND WAIVER FORM

All Fortis Fitness and Strength Training and KidFit staff are adult and infant CPR, First Aid, and AED certified. They have also passed thorough and extensive background checks and are registered on the TrustLine Registry to ensure the safety of your children.

TODAY'S DATE : _____ (waiver must be updated annually)

POLICY/PROCEDURE REVIEW	
Parent/ Legal Guardian Initials_____	I have received and read the KIDFIT Parent Handbook. I agree to adhere to all of its terms, conditions, policies and procedures, and as may otherwise be directed by KIDFIT staff and Fortis Management personnel.
Parent/ Legal Guardian Initials_____	Cancellations of KidFit Monthly Unlimited (starting @ \$20/Monthly auto-pay) can occur with 30 days' advance of the next billing date (in writing). Failure to do so will result in financial responsibility for payment. No full or partial refunds are given. I understand that I am required to give thirty day's written notification to cancel.
Parent/ Legal Guardian Initials_____	I understand that I am responsible for signing my child in and out of the facility on a per use basis. I understand that I <u>must stay on the premises</u> while my child is in KIDFIT (with no exceptions).

CHILD'S INFORMATION		
Name (First Middle Last)	Date of Birth (month/day/year)	Sex (circle) Male Female
Allergies (if applicable)		

PARENT/GUARDIAN INFORMATION			
Name (First Last)	Email Address		
Address	City	State	Zip
Cell Phone #	Work Phone #	Home Phone #	

EMERGENCY CONTACT INFORMATION #1		
Name (First Last)	Relationship to Child	
Cell Phone #	Work Phone #	Home Phone #

EMERGENCY CONTACT INFORMATION #2		
Name (First Last)	Relationship to Child	
Cell Phone #	Work Phone #	Home Phone #

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MEDICAL HISTORY			
Has the child been under regular supervision of a physician?		Date of Last Physical/Medical Examination:	
Vaccination History – Check all vaccines that are current			
<input type="checkbox"/> Polio		<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> DTP (or combination of DTP and diphtheria-tetanus toxoids)		<input type="checkbox"/> Measles, rubella, and mumps (over 15 months of age)	
<input type="checkbox"/> Hib (Haemophilus influenzae b)		<input type="checkbox"/> Varicella (Chicken Pox)(over 18 months of age)	
Past Illnesses – Check all illnesses that child has had and specify approximate date of illness			
Illness	Date	Illness	Date
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Whooping Cough	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Mumps	
<input type="checkbox"/> Flu		<input type="checkbox"/> Measles	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Pink Eye	
<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Lice	
<input type="checkbox"/> Ringworm		<input type="checkbox"/> Strep Throat	
<input type="checkbox"/> Bronchitis		<input type="checkbox"/> Rheumatic Fever	
Specify any other serious or sever illnesses or accidents the child has had not listed above:			
Does the child take prescribed medications? (circle one)		If yes, list applicable side effects:	
Yes No			
Does the child need to use any special devices? (circle one)		If yes, what kind:	
Yes No			
Does the child have any special problems/fears/needs? (if yes, please explain)			
Developmental Status of Child - Check all that apply to the child:			
<input type="checkbox"/> Crawling		<input type="checkbox"/> Talking	
<input type="checkbox"/> Walking		<input type="checkbox"/> 100% Toilet Trained	

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CHILD AGREEMENT *(to be signed by children over the age of 8)*

I am a child between the ages of 8-12 years old using the KIDFIT program. I understand that this is a privilege and that it is my responsibility to:

1. Always treat staff and other children and adults in a respectful manner.
2. Always use appropriate language that is not offensive to others.
3. Let the staff know when I am not having a good time or when I need help.

Child Signature: _____ Date: _____

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LIABILITY WAIVER

I am the parent or person having legal guardianship of the below named minor child and by my signature below, give permission for my child to participate in the Fortis KidFit program. My child is physically able and mentally prepared to participate in all activities. In consideration of my child's participation in the Fortis KidFit program, I hereby indemnify, waive and release Fortis Fitness and Strength Training, LLC and its subsidiaries, affiliates, employees, subcontractors, officers, representatives, agents, organizers, and successors (collectively, "Fortis") from all liability, cost, suits, demands, claims, and/or damages as a result of personal injury or property damage (including reasonable attorney fees and costs) occurring as a result of the below named child's KidFit participation. I understand that KidFit services may only be utilized by my child for so long as I am continuously present in the building. I understand that at any time, KidFit staff may determine that my child may need my attention or care, in which event, I will be paged to promptly return to KidFit and attend to my child, including the removal of my child if so directed.

I hereby give permission for any and all medical attention necessary to be administered to my children in the event of an accident, injury, sickness, or other ailment under the direction of medical professions and/or certified individuals until such time as I may be contacted. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child named above. I hereby assume the responsibility for the payment of any such treatment.

I have read, understand, and agree to all of the terms, conditions, policies and procedures as outlined in the KidFit Parent Handbook as may be amended from time to time and **as may otherwise be directed by KidFit staff and Fortis Management personnel, including without limitation all of the below:**

- 1. I am responsible for signing my child in and out of the facility each and every time my child participates in KidFit;**
- 2. It will often take 24 hours from completion of registration before my child may participate in KidFit;**
- 3. I have inspected the Fortis KidFit facilities and equipment and accept them as being safe and suited for the purposes intended;**
- 4. I have read and agree to the Fortis fees, credits and late charges policies described in the Parent Handbook;**
- 5. Fortis has my permission to use any picture or likeness of me or my children, in their general publicity and campaign materials;**
- 6. I will always return within the two hour time limit and to return before the KidFit scheduled closing time;**
- 7. I will remain inside the FORTIS FACILITY at all times during my child's participation in KidFit;**
- 8. I accept that KidFit only accepts children between the ages of 12 weeks and 12 years.**

Parent / Legal Guardian's Signature _____

Parent / Legal Guardian's Printed Name _____

Relation to Child _____

Date _____ / _____ / _____