

L'il Kickers® & Tween Kickers®

First Name: _____

Last Name: _____

Address: _____

Postal Code: _____

Home Tel: _____

OHIP No.: - _____

Birthday: ____/____/____
 mm dd yy

Today's date: ____/____/____
 mm dd yy

PRIMARY CONTACT- PLEASE PRINT CLEARLY

NAME (Contact 1): _____

Relation: _____

Cell#.: _____

Bus Tel.: _____

e-mail: _____

SECONDARY CONTACT- PLEASE PRINT CLEARLY

NAME (Contact 2): _____

Relation: _____

Cell#.: _____

Bus Tel.: _____

e-mail: _____

Has a Medical Doctor ever prohibited the child from physical activity?	Yes	No
<i>If yes, a medical note is required prior to starting</i>		
Allergies?	Yes	No
Asthma/other respiratory conditions?	Yes	No
Medical Conditions?	Yes	No
Injuries/joint issues?	Yes	No
Prescribed medications?	Yes	No
Special Needs/Challenges/Fears/Concerns?	Yes	No
Active?	Yes	No

If "Yes" to any of the above (excluding "active?"), please explain...

TERMS/CONDITIONS

1. Judy's Group Fitness Inc. reserves the right to terminate the participation of any child if in the opinion of the instructor, it is in the best interest of the child or Judy's Group Fitness Inc.
2. Class packages/products are non transferable, refundable nor extendable.
3. Judy's Group Fitness Inc. cannot be held responsible for the loss, damage or theft of any of the child's belongings. It is strongly recommend children leave their personal belongings at home.
4. Judy's Group Fitness Inc. cannot be held responsible for any claims for damages arising as a result of any accident, injury or otherwise sustained by the above named child arising from participation in any activity offered under the L'il Kickers® & Tween Kickers® program.
5. Primary Contacts agree to allow child(ren) to participate in all activities in the L'il Kickers® & Tween Kickers® program.
6. Primary Contacts agree to give Judy's Group Fitness Inc. the authority to act on their behalf in case of emergency.
7. Judy's Group Fitness Inc. reserves the right to cancel sessions due to limited enrollment.
8. Primary Contacts agree that photographs and/or videos of their child(ren) may be taken and used for promotional activities including the website.
9. Gloves are mandatory and are not supplied by Judy's Group Fitness Inc.
10. The child is to arrive no later than 5 minutes before the start of the class, already dressed in workout clothing, indoor running shoes, with a water bottle to refill at the studio as needed.
11. Only water is allowed in the studio.
12. Parent/Guardian agrees to REMAIN ON SITE for the duration of the class.

I/We have read the conditions of registration as specified above and agree to abide by the conditions outlined.

PRINT Parent/Guardian Name (must be 18 or over)

Parent/Guardian Signature (must be 18 or over)

Whom may we thank for referring you? _____

Thank you!!!

Office notes...