

GET FIT 4 KIDZ AT VICTORIA PARK

WHEN: 4-5pm on Fridays

COST: \$10 per session, CASH ONLY

Childs Name: _____ Age _____ Parent/Guardian: _____

Home/Daytime: # _____ Work: # _____ Cell: # _____

Email: _____

Address: _____

City: _____ Zip: _____

Emergency Contact Name _____ Phone _____

Allergies/Medical Conditions: _____

****CASH ONLY ****

****PLEASE BRING WATER & SUNSCREEN****

Liability Waiver: I will not hold Get Fit 4 Kidz responsible for any accidents, physical injuries, or sudden illness that may occur as a result of normal class participation. Also, I will not hold Get Fit 4 Kidz responsible for any damaged or loss of personal property. I understand and acknowledge that Get Fit 4 Kidz does not guarantee results or improvement as a result of participating in this program.

Parent Signature _____ Date _____

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