



# REGISTRATION FORM

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Note to Parents: One form per child please.

Child's Name	Age
Address	Town
State	Zip Code
Parent/Guardians	Home Phone
Email Address	Cell/Alternate Phone

Emergency Contacts	
Name	Phone #
Relationship to child	

Emergency Contacts	
Name	Phone #
Relationship to child	

### Photography/Videography Consent

Various times throughout the year, The Workout Club Staff takes pictures of the children in our programs for promotional purposes. I, \_\_\_\_\_, give my permission for The Workout Club to take pictures of my child, \_\_\_\_\_.

**TO Front Desk**

*Please print 3 receipts. One receipt copy gets stapled to this payment form and put in PowerKidz mailbox. Put original copy in the POS drawer. Third receipt goes to parent/guardian registering.*

**Fee: \$15.00** Total received \$\_\_\_\_\_ Date \_\_\_\_\_ Staff Initial \_\_\_\_\_

Credit Card Payment by Phone: MC VISA DISCOVER AMEX # \_\_\_\_\_ EXP \_\_\_\_\_



## Health History Form

Does your child now or have they ever had a history or experience with the following:

High or Low Blood Pressure	YES	NO	
Elevated Blood Cholesterol	YES	NO	
Diabetes	YES	NO	
Chest Pains	YES	NO	
Family History of Heart Problems	YES	NO	
Joint Problems	YES	NO	
Asthma or Respiratory Problems	YES	NO	Do they need to have an inhaler with them?
Severe Headaches or Dizziness	YES	NO	
Recent Surgeries	YES	NO	
Epilepsy	YES	NO	
Difficulty with any Exercises	YES	NO	
Currently taking Medications	YES	NO	What medications?

Does your child have any known allergies? If so, what? Do they need an epi-pen, medications, etc.?

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Has your doctor advised your child not to exercise? Why?

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Is there any reason your child should not take part in energetic activity? If so, what?

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As the parent/guardian of the aforementioned child, acknowledge the above information to be true and accurate. To the best of my knowledge, I have given all relevant information regarding my child's health and ability to participate safely in an exercise program. I give my child permission to participate in The Workout Club's Children's Programs and Special Events.

On behalf of myself, my heirs and my assigns, I hereby release The Workout Club & Wellness Center and it's employees from liability for injury, loss or death of myself or my child while using the facility, equipment, or in any way associated with participating in any activity now or in the future resulting from ordinary negligence of The Workout Club & Wellness Center and its employees.

Signed \_\_\_\_\_ Date \_\_\_\_\_