



AFTER SCHOOL PROGRAM REGISTRATION

CHILD INFORMATION:

First Name: _____ Last Name: _____
Date of Birth: ____/____/____ Age: _____ Gender: Male Female School: _____

ADDITIONAL SIBLING INFORMATION:

First Name: _____ Last Name: _____
Date of Birth: ____/____/____ Age: _____ Gender: Male Female School: _____

ADDITIONAL SIBLING INFORMATION:

First Name: _____ Last Name: _____
Date of Birth: ____/____/____ Age: _____ Gender: Male Female School: _____

ADDITIONAL SIBLING INFORMATION:

First Name: _____ Last Name: _____
Date of Birth: ____/____/____ Age: _____ Gender: Male Female School: _____

PARENT/GUARDIAN INFORMATION:

Parent's Name(s) _____
Home Address _____
City: _____ State: _____ Zip: _____
Home Telephone #: (____) _____ Work Telephone #: (____) _____
Cell Phone # Parent 1: (____) _____ Cell Phone # Parent 2: (____) _____
Copy of Drivers License and number listed here: _____
Copy of Drivers Insurance and number listed here: _____
E-mail Parent 1: _____ E-mail Parent 2: _____
How did you hear about us? (postcard, facebook, local paper, friend, etc.) _____

EMERGENCY CONTACT INFORMATION:

1) Name to contact in an Emergency: _____ Phone #: (____) _____
Relationship to Participant: _____
2) Name to contact in an Emergency: _____ Phone #: (____) _____
Relationship to Participant: _____
Family Doctor's Name: _____ Phone #: (____) _____

PERSONS AUTHORIZED TO PICK CHILD(REN) UP:

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone#: _____ Relationship: _____

Name: _____ Phone#: _____ Relationship: _____

Late Pick-Up Fees will be charged for children not picked up by 6:10 pm for Elementary

- 6:15 pm Up to 15 minutes late: \$15.00 per child
- 15 to 30 minutes late or more: \$25.00 + \$2.00 per minute per child until picked up.

Parents should sign late pick-up form, which indicates time of arrival and charges due.

There will be no exceptions to this policy

Late Pick up policy and late pick up fee **SIGN X** _____

Parent or Guardian Release

Students, parents and legal guardians, please read carefully, sign, and return this form to the After School Program Coordinator. A parent or legal guardian signature on this form is required to participate in the after school program.

For Emergency Treatment

I authorize FITWIZE 4 KIDS After School Workout to arrange for transportation in case of accident or acute illness of the participant. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to FITWIZE 4 KIDS After School Program and in conjunction with any authorized event.

SIGN X _____

FITWIZE 4 KIDS PARTICIPANT WAIVER FORM

Waiver of Claims: Participant recognizes there are risks of injury or even death from any physical exercise or activity and from the use of Club's facilities from many different causes and all Participants listed expressly assume all risks and agree to hold club harmless there from. Participant represents he or she and all others authorized to use the facilities hereunder are healthy, fully able to use the facilities safely and properly and to obey all rules, and willing to do so. In consideration of Club extending membership hereunder, all listed participants agree to waive all claims from injury, property damage or death from any cause against Fitwize 4 Kids, its agents or employees, and the Fitwize 4 Kids Inc. shall not be liable for any injuries or any damage to any Participant, or the property of any Participant, or subject to any claim, demand or damages whatsoever, including without any limitation, those resulting from negligence on the part of the Fitwize 4 Kids, its officers or agents. Each Participant, for himself/herself and on behalf of his/her executors, administrators, heirs, assigns and successors, and all additional members hereunder, does hereby expressly forever release and discharge the Fitwize 4 Kids, shareholders, officers, employees, agents, assigns and successors from all such above-referenced claims, demands, injuries, damages, actions or causes for action and shall defend and hold them harmless there from. The Club shall not be responsible or liable to Participants for articles damaged, lost or stolen in or about the Fitwize 4 Kids or for loss or damages to any property including but not limited to automobiles and contents thereof. All club Participants understand that consultation with a staff member is required prior to use weight and exercise equipment!

This is to certify that I, _____(or acting as agent for a minor) _____ do hereby consent to the use of my/his/her photograph for the purposes of editorial publishing and/or display advertising and grant permission to copyright said photograph without any restrictions or reservation, unless so noted.

Signature _____ Date _____

INDICATE THE DATE YOU WISH TO BEGIN: ____/____/____

AFTER SCHOOL PROGRAM FEES:

We offer the following programs; Registration: \$99
Elementary School Full Program: \$105 a Week After School Program 2:00 – 6:00 P.M.
2nd child Discount \$15 off
Middle School Full Program \$93.75 a Week 4:00- 6:00 P.M.

We require a one-month initial payment to secure your child’s spot. This is non-refundable, however, will be applied toward your child’s monthly, provided we receive a 30 day prior month written notice.

Fees include fitness classes, nutrition education, academic support, school pick-up.

We offer a \$20 off sibling discount. Discount offers cannot be combined with other offers or specials. We can only freeze your account for summer camp in June. No holidays are observed or days off. The monthly fee is a monthly charge and cannot be subtracted or moved to any other days.

On Half days there is an additional \$15 due to the earlier pickup and additional hours. This will be charged only if they are attending these days.

PAYMENT:

_____ credit card (please select one): VISA MasterCard Discover
Card # _____ CSV _____
Cardholder’s Name: _____ Expiration Date _____ / _____
Cardholder Signature: _____ Total Amount to Charge: \$ _____

TERMS AND CONDITIONS OF ENROLLMENT

As parent/legal guardian representing the children) named above, I hereby give consent to enroll my children) in the specified program(s) operated by Fitwize 4 Kids. I recognize that my child must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to him/her or others. Failure to do so will result in dismissal from program without refund. The Fitwize 4 Kids staff will do its best to ensure a safe experience, however I understand that accidents do occur. I hereby release Fitwize 4 Kids from any and all responsibility and liability of any nature resulting in my child’s participation in any program accident including claims for any injury, illness, death, loss or damage. My signature gives Fitwize 4 Kids permission to use all photos and videos taken during programs for promotional purposes. To opt out of this, I will submit a request in writing. I have informed afterschool, staff of my child’s medical conditions. All information given is accurate and true to the best of my knowledge.

First month payment shall be submitted with this registration form. Each after school program is paid on the 5th of every month. If payment is received late, a \$10 fee will be applied to each day your payment is late, to your account. This is a monthly fee which covers the entire month regardless of holidays and days off. Also, there is a \$15 charge for half days due to extra hours needed for staff to pick up on these days. There are no refunds. A 30-DAY email notice needs to be given to cancel the next month. A signed and dated waiver, medical form is required for all participants. Children will not be permitted to participate without the above, and all are due on or before the first day of the program. I consent that in an emergency, Fitwize 4 Kids may obtain medical treatment if necessary. I understand that if medical treatment is deemed necessary, I will be informed as soon as possible. I give my permission for my children) to travel to and from outside the Fitwize 4 Kids facility.

Sneakers are required for children to participate on fitness equipment. Fitwize 4 Kids is not responsible for any personal items that are lost, stolen or damaged while attending Fitwize 4 Kids’ program.

*Any property destroyed on purpose by your child will be automatically charged to your account.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

EMAIL OR MAIL FORM AND PAYMENT TO:

Email: coralsprings@fitwize4kids.com Mail: 4641 N State Road 7 Coconut Creek FL 33073

Please note that program is subject to change without notice