

KIDS IN MOTION We make "Fitness Fun"

Our mission is to provide students with a safe and positive atmosphere, where they are taught to develop their talents through fun and self motivating methods without overlooking technique and discipline.

2010/2011 SPECIAL EVENTS & CLASS REGISTRATION FORM

REGISTRATION DATE: _____ **Circle One** New Student Previous Student
Student Name _____ D.O.B. _____

Student Address _____ City _____ Zip _____

Student Home Phone _____ Email _____

Primary Parent Name _____ Cell/HM# _____

Secondary Parent Name _____ Cell/HM# _____

If students address differs from either parents address, please list the parent's alternate address below...

Parent Name _____ Relationship _____

Address _____ City _____ Zip _____

EMERGENCY CONTACT: _____ Phone # _____

I verify that the above information is correct to the best of my knowledge. I further verify that I am legally and financially responsible the student listed above.

Signature _____ **Date** _____

MEDIA RELEASE: I do hereby give my consent for Kids In Motion or Piper Hoemann to use either photos or information regarding those I am legally responsible for or myself for its' advertisement purposes.

Signature _____ **Date** _____

ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY AGREEMENT ELIGIBILITY

I agree to comply with, and make those I am legally responsible for aware of the rules and policies of Kids In Motion.

PARTICIPATION: I give consent to have my children, myself, or those who I am legally responsible for participate in the programs offered by Kids In Motion. I, my executors, or other representatives, forever waive and release all rights and claims for dangers that I or those I am legally responsible for may have against Piper Hoemann, Kids In Motion/ or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accidental insurance coverage, at my own cost, which I consider adequate for those I am legally responsible for and my own protection.

MEDICAL ATTENTION: I fully understand that Kids In Motion's owners, managers, staff, and volunteers are not physicians or medical practitioners of any kinds. With the above in mind, I hereby release Kids In Motion to render first aid to myself or those I am legally responsible for, or myself in the event of any injury or illness, and if deemed necessary by Kids In Motion I hereby give consent for myself or those I am legally responsible for to receive Emergency Medical Treatment, and or ambulance or life flight services at my own financial responsibility.

WAIVER: I am aware that it is my responsibility to make myself and my child aware of the inherit risks and possibility of injury and will encourage my child to follow all the safety rules and the instruction of their instructor or coach. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in any programs offered by Kids In Motion. Kids In Motion, Piper Hoemann, coaches, instructors, staff, and volunteers, shall not accept responsibility for injuries or death sustained by any student or person during the course of any program offered at Kids In Motion, or while on the facilities premises, or at a Kids In Motion authorized function. I also agree to not hold the above named liable for any injuries or illness sustained while in the facility as a non-class participant.

RELEASE: I do hereby acknowledge that those participating that I am legally responsible for or my participation is purely voluntary, and I elect to allow this participation in spite of and with the knowledge of the risks involved. I also acknowledge that my presence or those with me whom I am legally responsible for, not in classes or said designated activities and events, will hold blameless the above named from any financial or medical responsibilities for me or those I am legally responsible for.

Signature _____ Date _____

Signature _____ Date _____

*****OFFICE USE ONLY*****

____ ENTERED IN ACCOUNT LEDGER
____ REGISTRATION FEE PAID
____ ADDED TO ROLL SHEET
____ FILED IN BINDER

____ ENTERED IN SYSTEM
____ ENTERED IN LABELS
____ EMAIL ENTERED
____ COURTESY CALL

REQUIRED

Class Enrollment Status

Student Name _____ **Date Starting** _____

Class Title _____ **Day** _____

Time _____ **Teacher's Name** _____

***Do not remove this slip from registration form until it is entered into both programs and ready to be filed in the binder.**

PLEASE CUT OFF AT THE DOTTED LINE ABOVE AND MAIL IN WITH YOUR REGISTRATION FORM AND FEE.

IT IS NOT NECESSARY FOR YOU TO LIST THE TEACHERS NAME.

MAKE SURE TO CALL AND CHECK CLASS AVAILABILITY PRIOR TO MAILING IN YOUR FORM.