

# Fitness and Fun

## Registration Information

Today's Date \_\_\_\_\_

Enrollment Date \_\_\_\_\_ Tuition Rate \_\_\_\_\_ Registration Fee \_\_\_\_\_

### Children's Information

Child's Name:

\_\_\_\_\_

Preferred Name

First Name

MI

Last Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

Home Phone

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Pick-Up (y/n)? \_\_\_\_\_

School Telephone Number: \_\_\_\_\_ School Address: \_\_\_\_\_

How did you hear about Fitness & Fun? Sprint Yellow Pages \_\_\_\_\_ Great Western Yellow Pages \_\_\_\_\_

Flyer \_\_\_\_\_ Observer \_\_\_\_\_ Friend \_\_\_\_\_ Drive By \_\_\_\_\_

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### Child's Doctor Information

Doctor's Name \_\_\_\_\_ Clinic Name (if any) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Does the child have any special problems/needs? If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

Does the child have any allergies, existing illness, previous serious illness/injury? Has your child been hospitalized?  
\_\_\_\_\_

Is your child on any long term, continuous medication? \_\_\_\_\_  
\_\_\_\_\_

Immunization records must be made available. Notarized permission to treat must be provided.

I hereby give my child permission to view any G or PG rated movie while at Fitness & Fun.

\_\_\_\_\_  
Parent Signature/Date

.....  
**Parent or Guardian Responsible for Family Account**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Ste. # \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext \_\_\_\_\_

Pager # \_\_\_\_\_ Cellular # \_\_\_\_\_ Driver's License # \_\_\_\_\_

**Other Parent or Guardian Responsible for Child**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Ste. # \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext \_\_\_\_\_

Pager # \_\_\_\_\_ Cellular # \_\_\_\_\_ Driver's License # \_\_\_\_\_

**Family Authorized Emergency Contacts & Alternate Pick-Ups\***

**\*In order of importance for contacts. Do not include parent or guardian information here.**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_ Ste. # \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext \_\_\_\_\_  
Pager # \_\_\_\_\_ Cellular # \_\_\_\_\_ Driver's License # \_\_\_\_\_

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Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_ Ste. # \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext \_\_\_\_\_  
Pager # \_\_\_\_\_ Cellular # \_\_\_\_\_ Driver's License # \_\_\_\_\_

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Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_ Ste. # \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext \_\_\_\_\_  
Pager # \_\_\_\_\_ Cellular # \_\_\_\_\_ Driver's License # \_\_\_\_\_