



**FROG'S
FITNESS**

YOUTH PROGRAMS REGISTRATION

PARENT/GUARDIAN INFORMATION:

Member? Yes No

Last name: _____ First name: _____

Phone: _____ E-mail: _____

Last name: _____ First name: _____

Phone: _____ E-mail: _____

Address: _____ City, Zip: _____

EMERGENCY CONTACT: (Name and number of persons authorized to pick up child in case of emergency)

Name (last, first): _____ Phone: _____

Name (last, first): _____ Phone: _____

CHILD INFORMATION:

Child's name (last, first, middle): _____ Child's birthdate: _____

Medical condition/allergy: _____

Special instructions: _____

ENROLLMENT POLICY:

There will be no refunds or make ups for missed classes and/or events out of our control (I.E. fecal accidents, power outages, weather, etc.)

Persons withdrawing from a class before the initial meeting, or deciding to change classes or sessions, may receive a credit (not a refund) to apply to another session or program.

Refunds will only be issued if a class is cancelled due to a lack of enrollment. No refunds or credits will be issued once the class begins.

ASSUMPTION OF RISK, WAIVER OF LIABILITY & MEDICAL AUTHORIZATION:

I am aware that individual and group photos/videos are taken by Frogs Fitness and that my child's picture may appear in Frogs Fitness publicity or advertising and by my initial I hereby voluntarily grant my permission.

I am aware that Frogs adheres to the California state requirement of Child Abuse/Neglect reporting

As a legal guardian of _____, a minor, I recognize that severe injuries, including permanent paralysis or death can occur during sports or activities. In addition, I recognize that swimming or any activities in or around water can result in brain damage or drowning. I am also aware that participation in youth programs involves transportation to and from various fields and as a result my child could be injured or killed in an accident. Being fully aware of these dangers, and acknowledging the risks involved, I voluntarily give consent to the aforementioned person(s) participating in all Frog's Fitness programs and activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing my child to use these facilities, I and on the behalf of my children and or respective heirs, administrators, executors and successors, hereby covenant not to sue and forever release Frog's Fitness, its officers, directors, employees or agents from all liabilities for any and all damages or injuries on the part of its officers, directors, employees or agents.

In the event of an accident or emergency I would like the above mentioned minor to be taken to a hospital for medical treatment and I hold Frog's Fitness and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for Frog's Fitness.

I have carefully read and understand the Assumption of Risk, Waiver of Liability and Medical Authorization and by signing I voluntarily affix my name in agreement.

Parent/Guardian Signature

Date

Name Printed

