

You have registered for the following class:

Bright Beginnings



Child's Name: _____

Child's Birthday: _____

Child's Age: _____

Child's Allergies: _____

Parents: _____

Address: _____

Home Phone Number: _____

Daytime Phone Number: _____

Emergency Phone Number: _____

E-Mail _____

Payment:(check one) ___Cash ___ Check ___ Credit ___ Signature Purchase

Attendance (please circle):

2 days (Tues●Thurs)

3 days (Mon●Wed●Fri)

5 days (Mon-Fri)

Half day (9am-12pm) **Full day** (9am-3:00pm)

Before/aftercare (8am-5:30pm)



Parental Consent and Release and Waiver of Liability, Assumption of Risk, and
Indemnity Agreement ("Agreement")
(Adult and Minor)

In consideration of participating in the Bright Beginnings program at Sport Fit Bowie, I represent that I understand the nature of these activities and that I am qualified, in good health, and in proper physical condition to participate in such activities. I, the child (ren)'s parent and/or legal guardian, understand the nature of the above referenced activities and the child (ren)'s experience and capabilities, and believe the child (ren) to be qualified to participate in such activities. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity(s). I fully understand that these activities involve risk of serious bodily injury, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the actions or inactions of the releases named below; that there may be other risks either not known to me or not readily foreseeable at the time; and I fully accept and assume all such risks and all responsibility for losses, cost and damages I incur as a result of my participation in the activity(s).

Sport Fit Bowie, its instructors, and other staff members, will not accept responsibility for injuries sustained by any student during the course of Bright Beginnings or any other event he or she may participate in while enrolled in our program. With this in mind, and being fully aware of the risks and possibility of injury involved, I, the undersigned, consent to have my child (ren) participate in the programs offered by Sport Fit Bowie. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Sport Fit Bowie and/or its representatives, waive and release all rights and claims for damages that I or my child may have against Sport Fit Bowie and/or its representatives whether paid or volunteer.

Signature: _____

Print Name: _____

Date: _____