

THE NATATORIUM
HEALTH & FITNESS CENTER

Fit Kid Experience & R U FIT?

READINESS FORMS MUST BE COMPLETED AT THE TIME OF REGISTRATION AND LEFT WITH AT THE WELCOME DESK. REGISTRATIONS ARE ACCEPTED UP UNTIL 30 MINUTES PRIOR TO THE ORIENTATION START TIME.

Child's Name _____ Birth Date ___/___/___ Current Age _____

Parent/Guardian's Name _____

Phone # (H) ___/___/___ (C) ___/___/___ (W) ___/___/___

Emergency Contact _____

Phone Number ___/___/___ ___/___/___

Sign In

The Fit Kid Staff are **only** responsible for the children while they are participating in our programs. Parents/Guardians must supervise their children at all other times. Your child will not be admitted if he/she is more than 5 minutes late to any/all programs.

Behavioral Issues

If a child is being disruptive, destructive or dangerous to themselves, or others, the instructor will ask them to stop. If the behavior persists, he/she will be asked to leave the Fit Kid Circuit or Program area. The parent/guardian will be called.

We will not permit a child to continue attending any of the Fit Kid Experience programs if the undesired behavior continues. If a charge was assessed for a program or class, refunds are not given due to dismissal based on behavioral issues.

What to bring/ and wear

Attire: exercise clothing, non-marking athletic shoes and socks, long hair pulled back. Toys, gum, MP3 players, and jewelry are not permitted. A water bottle and towel are recommended.

Health Status Information

If any of the conditions listed below are checked, a signed release from your child's physician may be needed to register for this program.

Check if the answer is *Yes*, to any of the following conditions.

- Asthma
- Pre-existing muscular/skeletal condition (i.e. joint, or back injuries)
- A Current/ recent injury
- Mental or comprehension conditions (ADD/ADHD)
- Neurological/ motor conditions
- Heart conditions
- Any medical conditions that require a physicians care
- Does your child have any conditions, not previously listed, that would limit their full participation in this exercise program?

Parent/Guardian Signature _____ Date ___/___/___