

Name: .....

Street Address: .....

City,State: .....

Email: .....

Parent/Guardian's Name: ..... Cell:.....

Telephone (Home) : .....

How did you hear about us : .....

Do you have any medical problem(s) that should be aware of ? Yes  No

Do you have any allergies ? Yes  No

If yes (to medical/allergies), .....

please explain: .....

.....

If registering a child,please provide :

Age:  Birthdate: .....

Grade:  School: .....

Emergency Contact Name, .....

Relation : .....

Contact's Phone : .....

*I hereby release Fitness2Focus, employees/independent contractors from all libality for personal injury,illness or property damage occurring on or off the studio premises. I have read the Fitness2Focus General information and Studio policies as outlined.*

*I authorize Fitness2Focus to seek medical treatment at the nearest medical facility and they may call paramedics and discharge me/my student to an ambulance if I am not able to authorize it in the case of a medical emergency.*

*I certify that my student is in good health and capable of participating in physical activities.*

*I hereby give permission to Fitness2Focus to take and use photographs for promotional uses for the studio. I understand that payment is not refundable.*

**Your Hilda's first class free when you sign up!**

•Term 1 10 weeks

•Terms 2 10 weeks

•Term 3 10 weeks

•Term 4 10 weeks

Cost of each term \$12 per class ..... **Total \$120**

**Classes must be paid for by bank transfer only**

**Fitness2Focus • BSB 032553 • Account 207323**

.....  
Signature:  
(Parent/Guardian, if minor)

.....  
Date: