

Registration Form

Site:	Program/Session:		
Child's Name:			DOB:
Gender (circle one): M F	Latino (circle one): Yes	No	Scholarship (staff only): Yes No
Race (please check only one):			
American Indian or Alaska Native	Black or African American		☐ White ☐ Mixed Race
☐ Asian	☐ Native Hawaiian o Other Pacific Islar		Other
Parent Name(s):			
Address(es):			
Best Contact Number:	Emergency Contact Number:		
School and Grade:			
Is transportation requested? (circ			
Medical Conditions:			
Individuals Permitted To Pick Up	Child(ren):		
3			
Children will not be relea	sed from the Life Sports Fitness	program	to any individual not named on this list.
In consideration of my child bein agree as follows:	g given the opportunity to part	icipate in	the Life Sports Fitness Inc. program, I
•	on in the program. I assume such risks	-	the risks of injury or harm that may occur to my n for myself and my child as a condition of my
and its affiliates, their respective officers	, directors, agents, employees, successobilities (including reasonable attorney)	ors and assi	se and forever discharge Life Sports Fitness Inc. Ignsfrom any and all actions, costs, suits, ny type or kind whatsoever arising out of or
3. I hereby agree to indemnify, defend directors, agents, employees, successors liabilities (including reasonable attorney' Life Sports Fitness Inc. program.	and assigns from any and all actions, co	osts, suits, d	
	ourposes including placement on the Lif	e Sports Fit	used for publicity, program communication, eness Inc. websites, and in newspapers and conjunction with other photograph or

Parent / Guardian Signature

recordings. I freely give my consent and acknowledge that there is no compensation related to the use of said photographs or videos.