

KIDS CLUB

CONTACT INFORMATION

CHILD'S NAME: _____ BIRTHDATE: _____ AGE: _____ GENDER: _____

PARENT OR LEGAL GUARDIAN NAME(S): _____

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

PHONE #: _____ ALTERNATE #: _____

HEALTH INFORMATION

Please provide all pertinent information concerning any health issues or physical conditions which may impact your child while visiting Kids Club.

ALLERGIC TO

SYMPTOMS

1.	_____
2.	_____
3.	_____
4.	_____

SPECIAL INSTRUCTIONS: _____

WAIVER OF LIABILITY

By filling in my Child's personal information, I acknowledge that there is a risk associated with my child participating in activities of the O2 Fitness Kids Club. My participation in the Kids Club service is completely voluntary and by using the service i acknowledge that I am assuming all risks of injury to my child, or others, including all illness or medical condition. I agree on my own behalf to release, indemnify and discharge O2 Fitness, its owners, officers, directors, agents, employees, independent contractors of any related companies, from any and all claims or causes of action brough against O2 Fitness by any party arising out of my actions, including my or my child's negligence, while at the facility. O2 Fitness is not responsible for any damages to, loss or theft of my personal property.

In case of emergency, please contact:

NAME: _____

PHONE: _____ RELATIONSHIP: _____

ACKNOWLEDGEMENT

Please sign below indicating that you have received, reviewed and fully understand the Kids Club policies as detailed on the reverse side of this sheet. By signing, you also acknowledge your understanding that the Kids Club proram is a complimentary service and may be restricted if you or your child abuse the privilege of its use.

SIGNATURE: _____ DATE: _____

EMAIL: _____

Please remember that Kids Club is provided as a convenience to our members and may be discontinued at the discretion of the facility. We are not a state regulated facility.

QUICK REFERENCE
CHILD'S NAME:

ALLERGY/MEDICAL ALERT:

