

Today's date: _____

**FIT CLUB OF VOLUSIA
GYMNASTICS, DANCE, & CHEER
196 NORTH INDUSTRIAL DRIVE
ORANGE CITY, FL. 32763**

FAMILY INFORMATION: Guardians: (**If student is over 18, eliminate guardian information**)

• FIRST: _____ LAST: _____ RELATIONSHIP: _____

• FIRST: _____ LAST: _____ RELATIONSHIP: _____

Phone Numbers:

• 1. _____ (circle one) Home | Cell | Work Name _____

• 2. _____ (circle one) Home | Cell | Work Name _____

• 3. _____ (circle one) Home | Cell | Work Name _____

• 4. _____ (circle one) Home | Cell | Work Name _____

MAIL ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL: _____

We will be using e-mail for future notices, upcoming events, flyers, etc...

DRIVERS LICENSE: _____

HOW DID YOU HEAR ABOUT US: _____ Internet: _____

please include website

Friend: _____ Event: _____

please include name

please include event

Other: _____ Demonstration _____ Word of Mouth

STUDENT INFORMATION: (**If parent/tot, list adult participating as a student**)

• 1. FIRST: _____ LAST: _____ AGE: _____

DATE OF BIRTH: _____ GENDER: _____

• 2. FIRST: _____ LAST: _____ AGE: _____

DATE OF BIRTH: _____ GENDER: _____

• 3. FIRST: _____ LAST: _____ AGE: _____

DATE OF BIRTH: _____ GENDER: _____

• CLASS DAYS AND TIMES 1. _____ 2. _____ 3. _____

RELEASE:

If your child or the person who is participating's health history contains some irregularity that will not prevent regular participation, but may cause temporary interruption of their ability to perform (such as asthma) please indicate:

We recommend that each student have an annual physical examination. For our records only, has your child passed such an examination in the past year? _____

I understand that participation in gymnastics, dance, cheer and/or martial arts involves motion, rotation and height in a unique environment and as such carries with it inherent risk of injury. I understand that risks and dangers associated with participation in gymnastics/class events and activities include, but are not limited to, that bodily injury, partial and/or total paralysis and even death. I understand that there may be risks not known or reasonably foreseeable at this time.

I understand that FIT CLUB teaches a normal progression of skills that promote the safety of the students. I also understand that FIT CLUB has established rules for safety and that my child must follow these rules. If these rules are broken, my child may be asked to sit out of class.

I, the undersigned parent/legal guardian or any family member participating in activities, hereby expressly waive any and all claims for any and all damages or loss to person or property which may be caused by act, or failure to act by FIT CLUB of Volusia and Ken Pfeifauf and/or their agents. I hereby assume full responsibility for said student's personal safety and release all owners, managers, supervisors and instructors of FIT CLUB from any and all liabilities that may occur by reason of any injury to said student. The risks involved are fully understood. I hereby so agree to the foregoing by my signature hereon.

DATE: _____ SIGNATURE: _____

