

Pro-Health
& FITNESS CENTER

KIDCARE REGISTRATION

PLEASE FILL OUT HIGHLIGHTED FIELDS — THEN PRINT OUT TO SIGN.

Date _____

Child's Name _____

Date of Birth _____ Male Female

Address _____

City _____ Zip _____

Mother's/Guardian's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Father's/Guardian's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Please list any allergies, medical conditions, special needs, or other instructions the Staff should be aware of

Please list the persons authorized to pick up your child in the case of an emergency.

Name _____ Phone No. _____

Name _____ Phone No. _____

Name _____ Phone No. _____

Parent's/Guardian's Membership No. _____

Child's Membership No. and Barcode _____

Staff Member's Signature _____ Date _____

Pro Rate _____

Payment _____

Amount Paid _____

A COPY OF THE PARENT'S/GUARDIAN'S DRIVER'S LICENSE IS REQUIRED.

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**MINOR HOLD HARMLESS
KIDCARE HOLD HARMLESS/RELEASE FORM IN FULL**

PLEASE FILL OUT HIGHLIGHTED FIELDS — THEN PRINT OUT TO SIGN.

I, the undersigned, am the parent/guardian of _____
and do, hereby, give my permission for any Pro-Health & Fitness Staff Member to administer first aid to my child/ward in the case of sudden injury or illness. I also give permission for emergency medical services to be called if deemed necessary by the Pro-Health Staff. I further understand that I am required to remain on the premises of Pro-Health & Fitness at all times during which my child/ward is in the care of the KidCare Staff. Should a medical emergency occur a Staff Member would notify me immediately. I am aware that, although KidCare participants will be under adult supervision, there is a risk of injury to my child/ward and I do, hereby, release Pro-Health & Fitness and Health First, Inc., and its agents and employees from all claims, demands, injuries, damages or actions whatsoever arising out of or in concern with my child's/ward's use of the childcare facilities and services.

It is understood and agreed, that this is a full and final release of all claims of every nature and kind whatsoever and given in consideration of the services and/or facilities of the Health First Pro-Health & Fitness Center.

PARENT/GUARDIAN PRINT NAME

PARENT/GUARDIAN SIGNATURE

DATE