

Registration form



Participant(s) Information

First Name	Last Name	Date of Birth (DD/MM/YY)	Age	Gender
First Name	Last Name	Date of Birth (DD/MM/YY)	Age	Gender
First Name	Last Name	Date of Birth (DD/MM/YY)	Age	Gender

Parent(s) / Guardian Information

Name First and Last	Email *	Home phone #	Cell #
Name First and Last	Email *	Home phone #	Cell #

* I agree to receive newsletters by email 3 times a year Yes / No

Emergency Contacts

Name First and Last	Relation to child	Home phone #	Cell #
Name First and Last	Relation to child	Home phone #	Cell #

Medical Condition(s) / Allergies / Past Injuries / Special Needs:

Payment Information. Please circle your choice.

Online payment	e-Transfer	Cheque (payable to FUN-GO-FUN)	Paid: \$
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Terms and Conditions of Enrollment

- Registration:** Registration is not considered confirmed unless both full payment and registration form are received. We accept late registrations until the end of the session. In this case tuition fee will be prorated.
- HST:** All tuition fees are subject to 13% HST.
- Refunds:** Refunds are available upon request only until the start of the 2nd class. All refunds are subject to \$25 administration fee. No refunds will be issued after 2nd class. For refund please fill out the refund request form.
- Credits:** Credits will be given if a child misses three or more consecutive classes when accompanied by a doctor's letter. No cash refund. Credits cannot be carried over to the following year or transferred to another person.
- Cancellations:** FUN-GO-FUN reserves the right to cancel or change class time due to insufficient enrollment, in which case notice will be provided in advance. Should FUN-GO-FUN cancel a class due to insufficient enrollment, an alternate class time will be offered. If one is not available, a full refund will be offered. Classes may be cancelled in the event of inclement weather (when schools are closed). No make-up classes are offered if the gym closes due to weather/power outages. FUN-GO-FUN reserves the right to cancel or combine a class due to low enrollment.
- Discounts:** For siblings: 5% off for the 2nd child, 10% off for the 3rd child (off the original price).
- Other:** Please be advised that **indoor non-marking shoes are required for each class**. Please provide your child with a bottle of water.

Waiver and Release:

Although all efforts will be made to provide a safe and enjoyable fitness program, it must be recognized there are inherent risks involved in participation in any sport, including fitness. I, the undersigned, hereby agree to indemnify and save from harm FUN-GO-FUN, its instructors, coaches, and employees against all claims, demands, costs, damages, suits or proceedings arising out of participation of my child/children, named above, in any fitness activity.

FUN-GO-FUN reserves the right to photograph and video record all participants involved in FUN-GO-FUN programs to be used solely for the purposes of promotional materials and publications on its website and social media pages; therefore, I, the undersigned, waive any rights of compensation or ownership thereto. Furthermore, I, the undersigned, acknowledge that FUN-GO-FUN may not be able to control the distribution or use of the photos and/or videos from its website and social media pages by representatives other than our own, and will not hold FUN-GO-FUN responsible for any liabilities.

Date: _____

Signature: _____

www.funhofun.com
info@funhofun.com
416-825-4217 Alex
416-838-8635 Olga

Children's PAR-Q Screening Form



Child's full name: _____

Child's Date of Birth (DD/MM/YYYY): _____ Current Age: _____

Parent/Guardian name: _____

Emergency contact details: _____

Family doctor's name and telephone number: _____

Health Questions:

Does your child have or has he or she ever experienced any of the following? Please circle.

1. Has your family doctor ever said that your child has a heart condition and that your child should only do physical activity recommended by a doctor? Yes / No
2. High or Low Blood Pressure Yes / No
3. Diabetes Yes / No
4. Chest pains brought on by physical exertion Yes / No
5. Childhood epilepsy Yes / No
6. Dizziness or fainting Yes / No
7. Any bone, joint or muscular problems with arthritis Yes / No
8. Asthma or respiratory problems Yes / No
9. Any sustained injuries or illness Yes / No
10. Any allergies Yes / No
11. Is your child taking any medication? Yes / No
12. Has your doctor ever advised your child to exercise? Yes / No
13. Is there any reason not mentioned above why any type or physical activity may not be suitable for your child? Yes / No

If you have answered 'YES' to any of the above questions please give full details here and seek medical clearance prior to the session.

In signing this form, I the parent/guardian of the aforementioned child, affirm that I have read this form in its entirety and I have answered the questions accurately and to the best of my knowledge. I understand that my child is responsible for monitoring him or herself throughout any activity, and should any unusual symptoms occur, my child understands the importance of informing the Instructor immediately.

In the event that medical clearance must be obtained before my child's participation in an exercise session, I agree to contact our family doctor and obtain written permission prior to the commencement of the exercise activity, and that the permission be given to the instructor. I understand that if my child fails to behave in a manner that is polite and social, he or she could be suspended from that particular activity.

Parent/guardian's signature: _____

Please print name: _____

Date: _____