



Growing Healthy
467 Donofrio Drive
Downingtown, PA 19335
Registration Form

Mother's Last Name _____ First Name _____ Occupation _____

Father's Last Name _____ First Name _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Phone(home) _____ (cell) _____ (work) _____

Child's Last Name _____ First Name _____ B-Day _____ Gender _____

Emergency Contact _____ Phone _____

Family Doctor _____ Phone _____

Medical Insurer _____ Group# _____ Name of Insured _____

Policy # _____.

Class Information (Circle one):

Weight Control

Session 1 4:45PM-5:45PM

Session 2 6:00PM-7:00PM

Session 3 7:15PM-8:15PM

Sports Performance Training

Session 1 4:45PM – 5:45PM

Session 2 6:00PM – 7:00PM

Session 3 7:15PM – 8:15PM

Come Over and Play

Session 1 9:00AM – 10AM

Session 2 10:00AM – 11AM

Session 3 11:00 AM – 12PM

Fees:

\$250.00 Weight Control & \$200.00 Sports Performance Training and Come Over and Play one makeup per session and no refunds.

Make check payable to **Growing Healthy**.

If you don't see a time that works for you call and we may be able to add more classes.



Acknowledgement and Release from Liability

Please read carefully and then sign and date

In consideration of being allowed to participate in Personal Training activities sponsored by Growing Healthy, and in any related events and activities, and intending to be legally bound, the undersigned states as follows:

1. I acknowledge that the activities of Growing Healthy have inherent risks and hazards of injury, and I hereby knowingly and voluntarily assume all risks and hazards of injury incident to my child participation in all activities.
2. I certify that my child registered above is in excellent health and may participate in strenuous activities and that there are no limitations on his/her participation except as specifically stated on this registration form.
3. I acknowledge that it is my responsibility to maintain medical insurance coverage for my child, and I grant permission to Growing Healthy for my child to receive emergency medical treatment if needed.
4. I hereby waive, release, discharge and agree to indemnify and hold harmless Growing Healthy and it's officers, directors, organizers, supervisors, volunteers, employees, participants and persons transporting participants to and from activities, from any and all claims of liability of any kind for injury sustained by my child as a result of participation in Growing Healthy activities, including claiming for injury caused or alleged to be caused in whole or part by negligence of Growing Healthy or any of the persons herby released.

I HAVE READ THE ABOVE WAIVER AND RELEASE, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT VOLUNTARILY.

Parent/Guardian Signature: _____ **Today's Date:** _____