



Indoor Fitness & Fun

Starts June 1

Training & Games Conducted at 542 Three Springs Road

Drop & Play Camp

AGES: 4 thru 13

TFC Member
\$60/ 1 week
\$240/ 4 weeks
\$480 / 2 months

Non TFC Member
\$70/ 1 week
\$280/ 4 weeks
\$560 / 2 months

10 hours of FUN-FILLED-FITNESS-GAMES just for kids.

Maximum 60 kids per week. Monday – Friday 8am – 5pm Maximum 60 kids per week.

June 1-July 31

NOTE: (Child must bring own lunch. Some snacks will be provided.)

Participant Registration Details

Age: _____ Last Name: _____ First Name: _____ MI _____

Gender: _____ Birth Date: _____ School: _____

Family Information Primary Guardian

Last Name: _____ First: _____ MI _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell or Work: _____ DL# _____

Email: _____ **Primary means of contact:** email: _____ or phone: _____ (please check one)

Weekly: _____ **Monthly:** _____ **Summer:** _____ **Total Cost \$** _____ **PAYMENTS ARE BY THE WEEK-MONTH- OR IN FULL.**

Member: _____ **Non-Member:** _____ **Pre – Camp Care 7am-8am \$10** _____ **Post – Camp Care 5pm-6pm \$10** _____

Media/Photo Release: I hereby consent to the recording, use and reuse by Total Fitness Connection and any other respective licensees, successors, assignees, or affiliated entities and each of their respective employees, agents, representatives, officers and directors of my child's voice, actions, likeness, name, appearance, biographical material, and any information contained in, derived from or obtained in connection with my participation as edited, altered or modified by Total Fitness Connection in any and all media now known or hereafter devised, worldwide in perpetuity, in or in connection with the league.

Waiver of Liability

I, hereby give my approval for my child to participate in any and all activities sponsored by Total Fitness Connection. I understand that Drop & Play Camp is a physical and potentially dangerous activity and that care and precaution will be exercised in the supervision thereof. By signing this form, I recognize the inherent risk of injury, including but not limited to broken limbs, head injuries or back injuries possibly leading to paralysis or death. I further understand that my child will participate at his/her own risk and I will assume all responsibility for any medical expenses as a result of any accident or injury, incidental to the conduct of the activities and/or transportation to and from activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless Total Fitness Connection, and its affiliates, ownership, employees, organizers, supervisors and contracted employees for all negligent or grossly negligent acts or conduct of commission or omission if any, or any other injury arising from this program which may be sustained by my child.

Signature of Parent or Guardian _____

Date _____

TOTAL FITNESS CONNECTION AGREEMENT VERIFICATION AND ADDITIONAL DISCLOSURES

1. I understand that I have signed an Installment Agreement for \$ _____, the unpaid balance of which is repayable in _____ weekly / monthly / paid in full installment(s) of \$ _____, each beginning _____, 20 _____.
2. I further acknowledge that this Installment Agreement will be serviced by the Club and / or may be assigned to a bank or finance company.
3. It is my understanding that the service is subject to all conditions appearing on both sides of this Agreement.

NOTICE: The bank or finance company may cause a credit investigation to be made, concerning your character, general reputation, personal characteristics and mode of living among your friends, neighbors, associates, consumer reporting agencies and other sources.

NOTE: DO NOT SIGN THIS BEFORE YOU READ BOTH PAGES THAT COMPRISE THIS DOCUMENT OR IF IT CONTAINS BLANK SPACES. YOU ARE ENTITLED TO AN EXACT COPY OF THE PAPER YOU SIGN.

Witness Initial _____ Signature _____ Date _____