

**AFTER SCHOOL FITNESS PROGRAM**

**Registration, Agreement, and Release Form**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Information *(reoccurring monthly billing via credit or debit card is required)***

**□** I have a credit/debit card on file with Coach Mo’s. Please bill to my account.

If you are new to Coach Mo’s or need to update your credit/debit card information, please include your billing information below.

Name on credit card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code: \_\_\_\_\_\_\_\_\_ Exp date: \_\_\_\_\_\_\_

(Visa/MC/Discover)

**Please indicate the day(s) of the week your child(ren) will attend (check all that apply):**

**□ Monday □ Tuesday □ Wednesday □ Thursday**

**Read and sign page 2**

**Policies**

*Behavior policy*

Coach Mo’s After School Fitness Program is designed to help young athletes develop and improve a variety of athletic skills including speed, agility, balance, endurance, and teamwork. The Coaches take this very seriously and expect that athletes to take this experience seriously as well. Participants should be actively participating in sports or have a sincere interest in joining a sport. This program is not a substitute for child care; this is a sport performance focused program and the expectations for participants are high. Participants who behave disrespectfully (talking back to or blatantly not listening to Coaches, teasing or bullying other participants, misusing equipment, etc.), will be given two opportunities to improve their behavior. If participants are showing a lack of respect, they will first be given a physical challenge (running laps, etc.). If they continue to disrespect the Coaches or others, the parent(s) will receive a phone call and will be asked to pick up their child(ren) immediately. If a participant shows a continual lack of respect for Coaches and others, he or she will be removed from the program. **Parents, please talk to your child(ren) about these behavior policies before they attend their first session.**

*Late Pick-Up Fee*

If athletes are picked up more than 5 minutes after the end of the session, the parent/guardian will be charged a $10 late pick-up fee for each late pick up.

**Terms of Agreement**

* Credit or debit card will be billed monthly for my child(ren)’s participation in the Coach Mo’s Elite Fitness After School Fitness Program.
* To cancel participation and monthly billing, I must contact Coach Mo’s directly in person, by phone, or by email.
* If my child(ren) will miss a class due to illness, appointments, etc., they can attend on a different day that same week. I will notify Coach Mo about their absence and will indicate which alternative day they will attend class that week
* I will be charged a late-pick up fee of $10 each time my child is picked up more than five minutes late.
* NO REFUNDS- NO EXCEPTIONS

**Waiver and Release of Liability and Photo and Video Release**

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM RELEASING **Coach Mo’s Elite Fitness** AND ITS RESPECTIVE TRAINERS, CONTRACTORS, OWNERS, OFFICERS, EMPLOYEES, REPRESENTATIVES, AGENTS, VOLUNTEERS, AFFILIATES, AND/OR ANYONE ACTING FOR OR ON BEHALF OF ANY OF THEM (COLLECTIVELY “RELEASED PARTIES”) FROM ANY AND ALL CLAIMS, DAMAGES AND LIABILITY RELATED TO MY PARTICIPATION IN THE ACTIVITIES. THIS RELEASE IS A CONTRACT WITH LEGAL CONSEQUENCES. I HAVE BEEN ADVISED TO READ IT CAREFULLY BEFORE SIGNING.

My Child does not have any known health, physical or medical conditions that would endanger my Child or others and is fit to participate in the activities, and I consent to my Child’s participation. I HAVE READ AND I UNDERSTAND THE ABOVE RELEASE AND WAIVER AGREEMENT. In consideration of allowing my Child to participate, I consent to and agree that THE TERMS SHALL LIKEWISE BIND ME, MY CHILD, and our heirs, legal representatives, and assignees. I HEREBY RELEASE, DISCHARGE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM EVERY CLAIM, DAMAGE, LOSS AND ANY LIABILITY that I or my Child may allege against the Released Parties (including reasonable attorney’s fees or costs) as a direct or indirect result of injury to me or my Child because of my Child’s participation in the activities, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASED PARTIES or others. I PROMISE NOT TO SUE THE RELEASED PARTIES on my behalf or in behalf of my Child regarding any claim arising from my Child’s participation in the activities. Photo and Video release: In connection with my participation in Coach Mo’s Elite Fitness, Inc., programs, I consent to the use of my child’s/children’s photograph and video or other likeness in the promotional and other materials of Coach Mo’s Elite Fitness without payment or other consideration made to me.

**By signing below, I acknowledge reading and agreeing to the Policies; Terms of Agreement; and Waiver and Release of Liability, and Photo and Video Release and fully understand the contents. I voluntarily agree to the terms and conditions stated above as shown by my signature below.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**EMAIL COMPLETED FORM TO: maurice@coachmofitness.com**