



Parent Paid Enrollment Form

Child's Name: _____

Age: _____ B-day: _____ M/F

I wish to enroll my child in the Stretch-n-Grow Fitness Program at:

_____ (School/Classroom/Location)

I understand that Stretch-n-Grow is a voluntary enrichment program. I agree to pay for my child's tuition regardless of absences. I understand my child will not be dropped without written notice. I will not hold SNG responsible for accidents.

Please make all checks payable to STRETCH-N-GROW, and write your child's name in the memo section.

Parent/Guardian signature – printed name

Street address, city, state, zip

Home/Work Phone

E-mail address

Credit Card Payments:

Name as it appears on card: _____

Account Number: _____ Exp. Date: _____

Security Code: _____ Date: _____

Signature: _____

HEALTH DISCLOSURE

Children enrolled in the Stretch-n-Grow Fitness Program will participate in one fitness session per week. The exercise portion, approximately 30 minutes each session, will consist of a warm-up, floor exercise, age-appropriate aerobic activity and cool down. Please describe below any injuries, health problems or limitations which might inhibit or limit your child's participation:

***In consideration for your child being enrolled, you hereby release Stretch-n-Grow from any claims, demands and causes of action arising from your child's participation.

Parents Signature: _____

Occasionally photos or videos of various classes are used for local and national marketing purposes. (Note: Names are not disclosed without specific permission.)

If you do not wish your child to be photographed please initial here _____.