



In order for us to provide the best level of care for your child while under our supervision, please complete the registration form below. Once you have completed the form, print it and return to us with your signature and payment.

### Registration Form

Participants name: \_\_\_\_\_ School: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent: \_\_\_\_\_ Parent: \_\_\_\_\_  
Contact number: \_\_\_\_\_ Contact number: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_

### Selections:

Class: \_\_\_\_\_ Day: \_\_\_\_\_  
Class: \_\_\_\_\_ Day: \_\_\_\_\_  
Class: \_\_\_\_\_ Day: \_\_\_\_\_

In case of emergency, please list 2 phone numbers, other than yourself, of an adult we may be contacted during the course of the program.

Contact # 1 \_\_\_\_\_  
Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact # 2 \_\_\_\_\_  
Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are there any medical or psychological concerns we should be made aware of which require special attention. For example, diabetes, asthmas, allergies (foods/bees), hearing or sight impairments, ADHA, behavioral issues.

Does your child have any of the following?

Allergies: \_\_\_\_\_ Explain: \_\_\_\_\_

Asthma: \_\_\_\_\_ Inhaler: \_\_\_\_\_  
EpiPen: \_\_\_\_\_ Can they self-administer an EpiPen: \_\_\_\_\_  
Diabetes: \_\_\_\_\_ Can they self-administer insulin: \_\_\_\_\_  
ADHD: \_\_\_\_\_ Are they on medication for this: \_\_\_\_\_  
Receive SPED service at school, ei. 1:1 aide: \_\_\_\_\_

Problems with vision/hearing/speech: \_\_\_\_\_

Do you consent for any photographs of your child to be used for promotional material by Healing Hearts or Break Thru Fitness? \_\_\_\_\_

### **EXERCISE ACKNOWLEDGEMENT AND CONSENT**

I am aware that exercise (i.e.: Cardio/Circuit, Weight Training, KMX (Krav Maga for Kids), Dance, Boxing, Yoga, Zumba, Sports Classes, Martial Arts, Boot Camp, and One on One Cardio Fitness Training and Sport Training (for kids and adults) can be physically stressful and in certain instances can even be harmful and result in death. I am also aware that any child or adult who has special needs such as neurological impairment, metabolic disease, low muscle tone, behavioral issues or who may have seizures are at increased risk of injury. Any child or adult who has ever had elevated blood pressure, is over 40 (men) and 42 (women) years of age, presently does not exercise, has had cardiac (heart) problems, is overweight, has diabetes, has any other cardiovascular problems or is susceptible to orthopedic problems is more at risk while exercising. I understand that I should consult with my personal physician before I begin any exercise program.

I understand that my participation in the Healing Hearts program and any other physical activity taking place at 48 Union Street Building #2, is voluntary and at my own risk and in consideration for my being permitted to use the facilities, I hereby release Healing Hearts and all of its members, any of its agents, or employees and agree to hold any and all of the released individuals or entities harmless against any liability arising out of my participation in any of the Healing Hearts programs or classes or any other physical activity or use of Healing Hearts Fitness. Operating a sound fitness program requires cooperation from all participating members. Failure to comply with the rules established for participation or misuse of equipment will result in termination of any enrolled privileges. Furthermore, I accept responsibility for my misuse or excessive use of any the equipment in the facility.

I have read this form and understand it. I have sufficient information and give consent to participate in classes or Personal Training.

Print name: (self/child's name participating) \_\_\_\_\_

Signature: (parent if child is under 18 year of age) \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_