



KIDS FITNESS PROGRAM • 2017-2018

PARTICIPANT INFORMATION

First Name	Last Name	Date of Birth	Male/Female	Age
Parent/Guardian (MP NYC member)	Home Phone	Cell Phone	Email	
Address		City	State	Zip Code

PROGRAM INFORMATION

Physical conditioning in a group setting, including individualized guidance, directed by a certified Personal Trainer.

Monday – Thursday, 6 pm – 7 pm.

\$20 per session. Fully non-refundable.

Walk-in only. No appointments will be taken. Limited Availability: First Come, First Served.

This program is open only to children of MatchPoint NYC Gold, Silver, and Pool NPT Members.

Credit Card must be on file. Child’s account will be linked to parent’s account, and parent’s credit card on file will be charged at time of session.

Completed registration form, including health questionnaire below, required prior to participation.

HEALTH QUESTIONNAIRE

Does child participate in athletic activities regularly? Yes No

Has your child previously participated in a physical conditioning program? Yes No

Height _____ Weight _____ Build: Slim Average Overweight Athletic

Check any and all conditions that apply to your child:

Seizures Diabetes Asthma High Blood Pressure Low Blood Pressure Irregular Heart Beat Hernia

Vision Issues _____ Hearing Issues _____

Allergies _____

Other _____

Medications _____

Dietary Restrictions _____

Please list any conditions acknowledged above, or any others, that necessitate restriction from certain activities: _____

Are there any physical activities your child should be restricted from? No Yes. If “Yes,” specify and explain: _____

OTHER INFORMATION

Emergency Contact:

Name _____ Phone Number _____ Relationship to Child _____

Provide the name of any adult individual, other than the Parent/Guardian named herein, who is permitted to pick up your child from class:

Name _____ Phone Number _____ Relationship to Child _____

ACCEPTANCE OF TERMS

By signing below: I affirm that I am the parent or legal guardian of the participant named above. I agree to all terms specified above, including but not limited to terms of payment. I authorize MatchPoint NYC to charge my credit card on file for Kids Fitness sessions. If my credit card is declined or otherwise cannot be charged, I will make payment promptly in another form. I understand that no refunds will be given. I have answered all questions about my child’s health accurately, to the best of my knowledge. I and my child will abide by all MatchPoint NYC rules and regulations, current and future, or risk expulsion from facility. I have read in full the waiver on the reverse side of this form, I understand it, and I agree to it explicitly and in full.

Parent/Guardian’s Name _____ Parent/Guardian’s Signature _____ Date _____