



**WAIVER MUST BE SIGNED IN ORDER TO PARTICIPATE
ONE FORM PER CHILD - PLEASE RETURN RESERVATIONS AS SOON AS POSSIBLE!!!**



Child's Name _____ Age _____ Day & Class Time (If Student) _____

Address _____ City _____ Zip _____

Note medical information we should be aware of (including food allergies) _____

I DO NOT want my child to swim () (please check, if applicable)

Registration without payment **will not** be accepted.



Checks should be made payable to **KiDS body shop**.

WAIVER

Due to insurance regulations, every person entering the main facility must read the following waiver and sign below as an acknowledgment that he/she understands the following agreement:

*I acknowledge that by participating in these activities and/or by moving around in the gym or pool, and other areas of our facility, with its equipment and possible uneven surfaces, there is a risk of injury. I acknowledge that I accept the risk and waive the option to sue should I, or any minors for whom I am responsible for, incur an injury. By waiving the option to sue, I thereby release **KiDS body shop**, and its agents and employees, from liability for such injury.*

Home Tel. # _____ Emergency Tel. # _____

Parent(s) Name(s) _____

Please Print

Parent/Guardian Signature