

STUDENT INFORMATION

Student Name:		Age:	D.O.B.	<input type="checkbox"/> M <input type="checkbox"/> Fe
Parent/Guardian Name:				
Street Address:			City/State/Zip:	
E-mail (required for on-line invoicing & payment):				
Home Phone:		Work Phone:		Cell Phone:
School:		Grade:	Teacher:	

STUDENT RELEASE AUTHORIZATION

I, _____ authorize **BodyMoves Before & After Care** to release my child, to the following persons who may pick up my child from **BodyMoves**. I understand that each person must be at least sixteen (16) years old, and that my child will not be permitted to leave the facility with anyone not listed below. All authorized persons will be required to show identification and sign the child out (do not include yourself).

1. _____ 2. _____
3. _____ 4. _____

STUDENT HEALTH INFORMATION

Health Concerns: Yes <input type="checkbox"/> No <input type="checkbox"/>	Medication Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your child have special needs?: Yes <input type="checkbox"/> No <input type="checkbox"/> Does your child have an IEP?: Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, please provide a copy)
If you answered Yes to any of these questions, please briefly explain. Additional forms may be required.		

Emergency Contact (other than parent or guardian):	Name:	
	Home Phone:	Work Phone: Cell Phone:
Primary Care Physician Name:	Phone:	
Health Insurance Carrier Name:	Student's Medical ID Number:	

LIABILITY RELEASE AUTHORIZATION

1. I hereby give permission for the applicant to participate in all **BodyMoves Before & After Care** program activities including fitness related activities and games. I further acknowledge and understand that increased risk may be involved in the participation of these activities. I also declare that my child is physically able to fully participate in these activities. I further agree to release BodyMoves LLC, it's officers, employees, and agents from any and all liability arising from any harm or injury incurred by the participation of my child in any program activities, excluding the gross negligence of BodyMoves, LLC. 2. Unless otherwise indicated in writing by a parent/guardian at the time of registration, photographs of participants for use in BodyMoves publications and promotions may be taken while participating in the program activities. No personal information will be released under any circumstances.

I authorize the staff of BodyMoves to obtain medical/hospital treatment for the above participant in the event of an emergency.

Print Name of Parent/Guardian Signature of Parent/Guardian Date

FEEES

<p>Please check the service you require:</p> <p><input type="checkbox"/> Before & After Care: \$105.00/week (breakfast NOT included)</p> <p><input type="checkbox"/> Before Care Only: \$75.00/week (includes breakfast)</p> <p><input type="checkbox"/> Breakfast: \$10.00/week or \$3.00/day</p> <p>Registration Fee (yearly): \$75.00 (non refundable)</p> <p>Weekly payment is due in full each Monday to avoid late fees.</p>	<h2>DISCOUNT PROGRAMS & PAYMENT OPTIONS</h2> <p><input type="checkbox"/> Additional Sibling: \$5.00/week (Not available to Before Care Only)</p> <p><input type="checkbox"/> Active Duty Military: \$10.00/week (Not available to Before Care Only)</p> <p><input type="checkbox"/> BodyMoves Classes: \$20.00/Month (minimum of 2 classes/week)</p> <p><input type="checkbox"/> CASH <input type="checkbox"/> CREDIT (VISA MC DISCOVER) <input type="checkbox"/> CHECK*</p> <p>* Return Check Fee - \$40.00 (for any reason)</p>
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AGREEMENT OF ALL TERMS & CONDITIONS (Read carefully before signing)

I understand and acknowledge that this is a legal and binding contract. By signing, I am agreeing to all of the terms and conditions in this document, including the weekly financial obligation. I have read the rules and guidelines of the program included with my registration packet and I am willing to abide by these rules and guidelines while my child is enrolled in **BodyMoves Before & After Care**. I understand that if I remove my child from the program prior to the end of the school year, I will provide two weeks written notice or two weeks tuition paid in full in lieu of required written notice.

Print Name of Parent/Guardian Signature of Parent/Guardian Date