

MIDTOWN
FAMILY
FITNESS &
RACQUETBALL
CLUB

Children's Program Application

Child's Information

Date: 2/12/09

Name _____ D.O.B. _____

Address: _____

Town: _____ State: _____ Zip Code _____

Phone #: _____

Does your child have any medical conditions that we should be aware of? _____

Program child is participating in? Troop 4 Fitness Night 2/12/09

Adult Information

Name _____

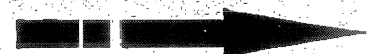
Address (if different from above): _____

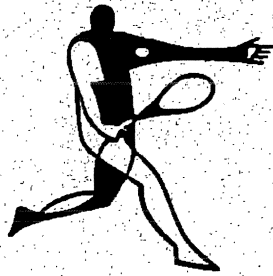
Town: _____ State: _____ Zip Code: _____

Home Phone # _____ Work Phone #: _____

Cell Phone # _____

PLEASE FILL OUT THE BACK OF THIS APPLICATION





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Does your child have any physical or emotional handicaps or any allergies that Midtown should be aware of? If yes please explain below:

In case of emergency, and we are unable to reach you or your physician, may we send your child to Milford/Whitinsville Regional Hospital for emergency treatment? YES _____ NO _____

I, the undersigned, as parent/guardian of _____ a minor child, do hereby permit Milford/Whitinsville Regional Hospital and its physicians to perform on this child, any procedure or treatment as may be deemed necessary in an emergency situation.

DATE _____ SIGNATURE _____

I/We the parent(s) guardian(s) of _____, a participant in a Midtown Youth Program or Party, hereby give my/our approval to his/her participation in any and all activities offered and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless Midtown Family Fitness & Racquetball Club, the organizers, supervisors, employees and participants, for any claim arising out of an injury to my/our child to the extent covered by accident or liability insurance.

DATE: _____ SIGNATURE: _____