

# Child Registration Form



Let's Grow Studio  
Children's Fitness Center

Child's First Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Any known medical conditions: \_\_\_\_\_

I hereby give consent to Let's Grow Studio, LLC for my child to participate in this program. I hereby release and discharge Let's Grow Studio, LLC, and its members from actions, claims, demands, injury or damage resulting from my child's participation in this program.

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

Signature of Parent/Guardian

Please check this box to give permission for your child's photograph to be used in possible marketing materials  Parent initials \_\_\_\_\_

Membership Options (please circle choice)

Unlimited Child Classes: \$59 per month (no contract, cancel anytime 😊)

Payment information:

Membership Fees are paid by auto pay from your credit or debit card each month.

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing address (if different from above): \_\_\_\_\_

\_\_\_\_\_