



CrossFit Calgary Kids Registration Form

Participant Information:

Name: _____ Birthdate: _____

Under 18, please add parent's name: _____

Phone number: Home/cell: _____

Emergency: _____

Parent's e-mail address: _____

Please list any allergies or special considerations: _____

How did you hear about us? _____

Registration: (please check one)

_____ CFC Preschoolers \$40/month + gst

_____ CFC Kids \$60/month + gst

_____ CFC Teen Program \$150 + plus gst for 12 week program

_____ Youth Membership \$85/month + gst for 3 month commitment, attending regular classes

Ages 13 to 18 years old. Prior approval necessary. Please provide birthdate _____

CrossFit Calgary Kids have access to CrossFit Calgary during Kids classes only.

Method of Payment:

_____ Cash _____ Post-dated Check _____ Credit card

(please make post-dated checks payable to CrossFit Calgary. Date the checks for the 1st of the month)

_____ Visa _____ Mastercard

Credit Card Number: _____ Expiry date: _____

CVD number on the back of the card: _____

Name as it appears on the card: _____

I, _____ authorize CrossFit Calgary to charge my credit card: _____

(initial) monthly for a total of \$_____/month plus GST between the 1st and 5th of the month.

By signing below I acknowledge my registration will automatically be renewed at the end of the chosen registration option unless 14 days written notice of cancellation is received. I also acknowledge that if I break the chosen registration commitment term, the difference between month to month fee and the chosen registration option will be charged based on the number of months fulfilled.

If under 18, Parent/Guardian's signature: _____ Date: _____

CrossFit Calgary registration guidelines/policies:

- Credit card payments will be processed between the 1st and the 5th of the month
- NSF checks will result in a \$25 charge
- Fees, terms and facility schedule are subject to change



Minor Informed Consent

I, _____ (participant's name) **declare** that I intend to use some or all of the activities, facilities, programs and services (herein after called "Activities") offered by CrossFit Calgary. **I understand** that different people have different capacities for participating in the various Activities and for my choices to use or apply at my own risk, any portion of the instruction or guidance that I receive while participating in these Activities.

I understand that the risk involved in undertaking any of the Activities is related to my own state of fitness or health, and the awareness, care and skill with which I conduct myself in any of the Activities of CrossFit Calgary. I also understand that I am free to withdraw from, reduce or modify my involvement in any of the Activities and I realize that I should do so on recognition of any signs of physical discomfort.

I further understand that the possible risks involved in participating in these Activities may include muscle, tendon, ligament, bone and joint soreness; muscle, tendon and ligament strain, tear or rip; bruising, death; skin laceration; tears, cuts or punctures; shortness of breath, dizziness, fainting, or unconsciousness; tightness in chest, bone breaks, discoloration, separations or fractures; fatigue; sweating; eye punctures; heart attack or stroke; aggravation of an existing or past injury; discomfort or problem with any other injury; discomfort or physical problems associated with physical activity, and many other forms of physical discomfort.

I understand just as with other types of physical activity, that there are potential risks in physical fitness and accept all responsibility and waive any legal recourse against CrossFit Calgary, its servants, agents, contractors, instructors and employees from any claims resulting from the personal fitness program.

I have read the above list of possible risks associated with my participation in the Activities offered by CrossFit Calgary.

_____ (Initial)

I consent to taking all of the above noted risks by VOLUNTARILY PARTICIPATING in the Activities of CrossFit Calgary.

_____ (Initial)

Cancellation Policy

CrossFit classes are non-refundable.

I declare that I have read, understand and agree to the contents of the CANCELLATION POLICY and the INFORMED CONSENT AGREEMENT in its entirety.

Participant's Signature: _____ Date: _____

I _____, parent/guardian of _____ declare that I have read, understand and agree to the contents of the CANCELLATION POLICY and the INFORMED CONSENT AGREEMENT in its entirety.

Parent/Guardian: _____ Date: _____

Emergency Contact Name: _____ Emergency contact phone: _____

Parent/Guardian Phone #: _____ Email: _____

How did you hear about us? _____