

# Vanderbilt University - Office of Campus Recreation

## YOUTH PROGRAM REGISTRATION FORM

Registration begins Friday June 12<sup>th</sup>, 2009 and ends Friday July 3<sup>rd</sup>, 2009

Please complete a separate registration form for each child.

Cost: **PLEASE INITIAL** \_\_\_\_\_

KID FIT costs \$60 for full session (six classes), or \$15 per class. Registration fees are non-refundable and non-transferable. KID FIT enrollment is limited to 15 children total.

### Registration:

**KID FIT Full class** \_\_\_\_\_  
(all six classes)

OR

**KID FIT single class(es)** (please check dates)

Class times are 4:00-5:00 pm

Class times are 4:00-5:00 pm

\_\_\_\_ Wednesday 7/8/09

\_\_\_\_ Wednesday 7/29/09

\_\_\_\_ Wednesday 7/15/09

\_\_\_\_ Wednesday 8/5/09

\_\_\_\_ Wednesday 7/22/09

\_\_\_\_ Wednesday 8/12/09

### Please Print

CHILD'S NAME: \_\_\_\_\_ (circle one) Male or Female

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ Zip Code \_\_\_\_\_

AGE: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ LAST GRADE COMPLETED IN SCHOOL: \_\_\_\_\_

**Can your child swim?** YES NO A swim test is given at the beginning of any swim activities. Children that cannot swim are only allowed in the shallow end under close supervision.

### PARENT(S) OR GUARDIAN INFORMATION:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE:(H) \_\_\_\_\_ PHONE:(W) \_\_\_\_\_ CELL/PGR#: \_\_\_\_\_

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

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE:(H) \_\_\_\_\_ PHONE:(W) \_\_\_\_\_ CELL/PGR#: \_\_\_\_\_

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

**HEALTH INFORMATION:** LIST ANY PHYSICAL CONDITIONS INSTRUCTORS SHOULD BE AWARE OF: (i.e., asthma, allergies, diabetes, epilepsy, medications, etc.):

### IN CASE OF EMERGENCY: OTHER THAN PARENT(S)

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ PHONE: (W) \_\_\_\_\_ CELL/PGR#: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ PHONE: (W) \_\_\_\_\_ CELL/PGR#: \_\_\_\_\_

### AUTHORIZATION OF PICK-UP

I hereby authorize the following people to pick up my child from the Kids in Motion Program:

NOTE: Proper Photo ID MUST be shown to ensure the safety of your child

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**KID FIT Activity Standards**  
**(Please Read Below- Signature Is Required)**

KID FIT provides a great opportunity for children 8-12 years of age to participate in various exercise activities through fun. If you choose to allow your child to attend KID FIT, it is your responsibility to provide the necessary help if your child requires special attention to function successfully in this setting, such as following directions and abiding KID FIT Instructors and rules.

KID FIT is a program designed to ensure active participation of the participants. Please be aware that your child will need to participate in the activities to ensure the full benefits of the class. Alternate Activities will not be made available for a child that refuses to participate in the spirit of the games and activities.

You must provide information and or assistance on the following areas: communication, behavioral programs and appropriate response, particular needs for sensory information (touch, hearing, movement sight) (toileting, feeding, etc). If your child requires 1:1 assistance to participate, it is your responsibility to provide an aide. **Parents will be required to come and get any child immediately who becomes unruly or unmanageable for our staff.**

Date \_\_\_\_\_

\_\_\_\_\_  
**(Signature of Parent/Guardian)**

**RELEASE FROM LIABILITY BY PARENT/GUARDIAN**

I / We, the parent(s) and or guardian(s) of the **child**, \_\_\_\_\_, being, \_\_\_\_\_ **years of age**, hereby give permission for the minor child to attend the **KID FIT**, hereby now referred to as Program, at the Vanderbilt University Student Recreation Center. We recognize and understand that the child will be voluntarily participating in activities which may expose the child to some level of risk or injury and we represent that we are aware of the nature of these activities. We acknowledge that the minor child will be participating at his/her own risk and we voluntarily assume full responsibility for that risk.

I/We represent that the minor child is in good physical health and that unless we have notified Vanderbilt University in writing that the minor child is unable to participate in an activity due to some physical or mental consideration, the child will be allowed to participate in all activities of the Program.

Furthermore, in consideration of Vanderbilt University allowing the minor child to attend the Program from \_\_\_\_\_ to \_\_\_\_\_, 2009. I / We agree to pay the fee of \$\_\_\_\_\_ per child and hereby do release and hold harmless Vanderbilt University and its trustees, agents, officers, servants, and employees against loss (including reasonable attorneys' fees) from any and all claims, or causes or action of any kind or nature that may be brought by or on behalf of the said minor child or by us arising out of any and all known or unknown foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by my minor child or by us arising out of or in connection with the activities of the Program except such liability as may result from gross negligence on the part of Vanderbilt University. Furthermore, we agree to indemnify Vanderbilt University for any loss of damage to the premises, facility, or equipment of the Student Recreation Center caused by our minor child. Such indemnification shall include costs and expenses incurred by Vanderbilt University, including reasonable attorneys' fees.

If the minor child should suffer an injury or illness while at the Program, we authorize the employees of Vanderbilt University to use their discretion to transport or to have our minor child transported to a medical facility and hereby give consent in my/our absence to have the minor child treated at any medical facility. I/We take full responsibility for that action.

I/We have read the foregoing release and understand that I am/We are voluntarily signing a complete release and bar to any claims as defined above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Minor Child

# KID FIT 2009

Welcome to **KID FIT 2009** please note and initial all of the following information.  
Please include this form with all registration materials.

Child's Name \_\_\_\_\_

## Initials Required

### Arrival/Departure

\_\_\_\_\_ Classes begin at 4:00 pm. Children may be dropped off NO EARLIER than 3:55 pm. Please do not bring your child(ren) before 3:55 pm.

\_\_\_\_\_ Dismissal is at 5:00 pm. There are NO ACCOMODATIONS for children after 5:00 pm.

\_\_\_\_\_ For safety purposes, please make sure your authorization for pick-up (located on registration form) is up to date.

\_\_\_\_\_ To pick up a child, Proper Photo ID must be shown by an authorized person for the safety of your child.

\_\_\_\_\_ KID FIT instructors and OCR staff are not available to walk child to vehicles at any time.

\_\_\_\_\_ Children will not be dismissed from KID FIT without parental **written** consent.

\_\_\_\_\_ Payment can be made by **cash and/or check** only. Please make checks payable to Vanderbilt University. Credit cards and payroll deduction are not available.

### General Information

\_\_\_\_\_ Signed page 2: KID FIT Activity Standards and release for liability.

\_\_\_\_\_ KID FIT is **not** responsible for personal items that are stolen, lost or misplaced.

\_\_\_\_\_ No skate shoes are allowed.

\_\_\_\_\_ Please label your child's clothing, towels, etc...

\_\_\_\_\_ Registration begins Friday June 12<sup>th</sup>, 2009 and ends Friday July 3<sup>rd</sup>, 2009

\_\_\_\_\_ Return ALL FOUR pages of registration form

**ROCK WALL LIABILITY FORM**

The Vanderbilt University (“Vanderbilt”) offers recreational opportunities to and for the benefit of its students, staff, and faculty, including opportunities to participate on a voluntary basis on the Student Recreation Center Climbing Wall.

I, the undersigned, desire to voluntarily participate on the climbing wall during the activities of Kids in Motion (hereinafter “activity”). I represent that I am knowledgeable of this activity and the inherent risks of personal injury or property damage to myself and to others that are associated with the activity. Notwithstanding the inherent risks, I wish to assume them by voluntarily participating in this sporting activity and in any travel associated with that activity.

I understand and agree that Vanderbilt accepts no responsibility for my acts or the acts of others while I am participating in or traveling in connection with this activity.

In consideration of Vanderbilt offering this opportunity and allowing me to participate in this activity, the receipt and sufficiency of said consideration being hereby acknowledged, I hereby release, relieve, discharge, and hold harmless Vanderbilt, its officers, trustees, employees, and representatives, from any and all liability or claim of liability, whether for personal injury, property damage, or otherwise, arising out of or in connection with my participation in this activity or any travel associated with this activity.

**By signing below, I acknowledge that I have read and understand the Release of Liability.**

**IF THE PARTICIPANT IS NOT 18 YEARS OF AGE OR OLDER, THIS RELEASE MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.**

Parent / Guardian Print Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Your Signature: \_\_\_\_\_

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