



CHILD INFORMATION

Child's Name: _____ M F Age: _____
Address: _____ City: _____ Zip: _____
Home phone: _____ Work phone: _____
Parent/Guardian: _____ Email: _____



PAYMENT INFORMATION

Activity	Fee
Homeschool Fitness Program	\$ 75.00
20% Sibling Discount	-\$
Total	\$

Make checks payable to A+ Fitness, Inc. and send to 1537 Winsome Drive, Escondido, CA 92029 If you wish to pay by credit or debit card, send payment through paypal to aplusfitness@cox.net.



WAIVER/RELEASE

This is to certify that I, the undersigned and legal guardian of _____ desire to participate in an exercise and Fitness program with A+ Fitness, Inc.

I understand that participation in the program involves inherent risks and may result in personal injury to me. I have been advised that it is my sole responsibility to consult with my child's physician regarding an A+ Fitness class prior to the start of the program.

I knowingly and voluntarily assume any risks of the Program including, but not limited to, injury, death, disfigurement, heart related complications, or emotional distress associated with: (1) my child's participation in the Program provided by A+ Fitness, Inc., or its consultants; and, (2) the use of any location or facility selected by me or A+ Fitness, Inc. for participation in the Program.

I agree to indemnify, release, and hold harmless A+ Fitness, Inc., its consultants, agents, employees, independent contractors, successors or assigns from or against any injury, loss, liability, damage or expense, including, but not limited to attorneys' fees, arising out of or resulting from my child's participation in the Program.

I certify that I have read, understand and agree to be bound by the foregoing:

Signature of Parent

Date Signed