



### KidFit 60 Registration Form

Information is to be completed by the child's parent / guardian. Once completed, registration forms can be emailed to [kidfit60@gmail.com](mailto:kidfit60@gmail.com) ALL payments (monthly fees, deposit etc.) can be emailed to [kidfit60payments@gmail.com](mailto:kidfit60payments@gmail.com) Please notify us if any of your child's information changes.

(204)-306-3718 – 725 Kingsbury Avenue, Winnipeg, MB – R2V 3E7 \*Located @ Garden City Community Centre\*

**Student Information** (please print clearly)

Legal Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Legal Custody (if applicable)  Joint  Mother  Father

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Sport Interests: \_\_\_\_\_

**Program Choice:**  Before & After-School  After-School  Summer (July & Aug)

\*School Closure break options available upon request (for additional fee)\*

**Transportation:**

Program Shuttle (KidFit60 Van)  Seven Oaks Bussing  Other Transport: \_\_\_\_\_

A non-refundable deposit fee of \$200.00 must accompany the registration form to secure your spot. Fee will be applied to deposit and supply fee for the year. (E-transfer to [kidfit60payments@gmail.com](mailto:kidfit60payments@gmail.com))

**Student Address:** Street Name & Number: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  Unlisted

**Student Pick-Up List:** (please provide a list of all people who have permission to pick up your child from the program)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent / Guardian #1** Student Lives With:

Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext./Dept. \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

**Parent / Guardian #2** Student Lives With:

Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext./Dept. \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

**Emergency Contact** (if parent cannot be reached)

Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Medical Information**

Allergies / Health Concerns: \_\_\_\_\_

Manitoba Health #: \_\_\_\_\_

Personal Health #: \_\_\_\_\_

Parent / Guardian Comments:

\_\_\_\_\_  
\_\_\_\_\_



**KidFit 60** requests your permission / consent for the following items – please select your preference in each box, and sign and date at the bottom of the page to acknowledge all chosen preferences.

**Photographs, Videos, and Interviews**

- I give my consent** to the KidFit 60 program to take photographs, videos, and / or conduct an interview with my child for use in program advertisement.
- I do not give my consent** to the KidFit 60 program to take photographs, videos, and / or conduct an interview with my child for use in program advertisement.

**Walking Field Trips**

- I give my consent** for my child to participate in walking field trips within the community.
- I do not give my consent** for my child to participate in walking field trips within the community.

**Accident Liability**

- I release** KidFit 60 after school program and individual staff from any liability in case of any accidents during activities related to the program as long as standard safety procedures have been followed.

**Signature of Parent / Guardian:**

**Transportation Accident Liability**

- I release** KidFit 60 after school program and individual staff from any liability in case of any accidents during transportation as long as standard safety procedures have been followed and safe driving practices have been taken.

**Signature of Parent / Guardian:**

**Payments**

I am aware of the monthly cost, and registration deposit fee and payment schedule for the KidFit 60 program that I have chosen. I understand that I am responsible for making all payments for the KidFit 60 program by the stated due date and that failure to provide payment will result in suspension of program services.

**Signature of Parent / Guardian:**

**Refunds**

I am aware of and understand that KidFit 60 is a monthly charge program and that there are **no refunds** for days missed due to illness or vacation

**\*The \$200 deposit is non-refundable\***

**Signature of Parent / Guardian:**

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

Signature: \_\_\_\_\_