

Big Sky Summer Camp

Session: _____ Dates: _____ Time: _____

Child's Name _____

Date of Birth _____ Male _____ Female _____ Member / Non Member (please circle)

Home Address _____

City _____ State _____ Zip _____ Home # _____

Mother/Guardian Name _____ Email _____

Cell # _____ Work# _____

Father/Guardian Name _____ Email _____

Cell# _____ Work# _____

Family Physician _____ Phone # _____

Please list below persons readily available whom we may call in case of emergency when parents can not be reached:

1. _____ Home# _____ Cell# _____

2. _____ Home# _____ Cell# _____

3. _____ Home# _____ cell# _____

Please list allergies (including bee stings, food and drug allergies): _____

List any medications your child uses on a regular basis: _____

Does your child have any physical conditions which may limit his/her participation in sports or other activities? YES NO If yes, please explain _____

Waiver

I, _____ the undersigned,
do hereby release Big Sky Fitness, in which I have enrolled my child, all its officers and employees acting within the scope of their employment, of any liability for damages arising from personal property loss or bodily injury received by me or my children while participating in said program or classes.

I am aware of the degree of physical activity that my child will be participating in and therefore have received approval to do so by my child's family doctor or an approved medical examination.

I also understand that during the course of the year, photos may be taken of my child that may be used for publicity or advertising for Big Sky. I authorize Big Sky to use these photos of my child unless I submit my objections in writing at the time of registration.

Signature _____ Date _____