



2800 Main Ave. Fargo, ND. 58103 • [tntkidsfitness.org](http://tntkidsfitness.org) • (701)365.8868



## Welcome to Parkinson's Performance Boxing

### **Class days and times:**

Monday: 12:30pm

Tuesday: 11:00am, 12:30pm

Wednesday: 11:00am, 12:30pm

Thursday: 12:30pm

Friday: 12:30pm

### **All Participants MUST fill out paperwork**

to be enrolled into the program. There are limited spots per time slot.  
Enrollment into a time slot is on a first come, first serve basis.

### **Pricing:**

1 class \$27.50 / month

2 classes \$55 / month

3 classes \$82.50 / month

For questions or concerns please contact Jake Haile at  
701-551-5011 or [jake@tntkidsfitness.org](mailto:jake@tntkidsfitness.org)





Parkinson's Performance Boxing
Registration Form
TNT Kid's Fitness & Gymnastics

2800 Main Ave Fargo, ND 58103
www.tntkidsfitness.org
Phone: 701-365-8868 Fax: 701-365-8870
Email: kidscomefirst@tntkidsfitness.org

Form must be filled out in its entirety with all signatures. Please FILL OUT and RETURN TO TNT

Participant

Name: (First) (Last) Circle One: Male Female
Address: City: State: Zip:
Birth Date: Email:
Class Choice 1 Day: Time: Class Choice 2 Day: Time:
Class Choice 3 Day: Time:

Medical Information

List any physical/psychological disabilities, chronic ailments, special needs, and/or allergies.

Emergency Contact

Emergency Contact: (First) (Last)
Phone Number: Email Address:

Participant Waiver

ASSUMPTION OF RISK, WAIVER OF LIABILITY: In consideration for allowing myself to use these facilities, I recognize what potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling & trampoline, and any and all other programs offered at TNT Kid's Fitness. I further recognize that participation in these activities could result in my exposure to illness and communicable diseases including but not limited to MRSA, influenza, and COVID-19. Preventative measures and personal discipline may reduce the risks of exposure, however, I understand the risk of serious illness including death does exist. Being fully aware of these dangers, I voluntarily consent to participating in any and all TNT Kid's Fitness programs and activities and I ACCEPT ALL RISKS associated with that participation.

PHOTO RELEASE: By your attendance in class or events at TNT, you are granting your permission to be filmed, videotaped, audio taped, or photographed by any means and are granting full use of your likeness, voice, and words without compensation.

MEDICAL: In the event of an emergency I would like to be taken to a hospital for medical treatment and I hold TNT Kid's Fitness and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by myself as a result of any injury sustained while participating at or for TNT Kid's Fitness.

I have read and understood this ASSUMPTION OF RISK, WAIVER OF LIABILITY & MEDICAL AUTHORIZATION.

Signature: Date:

Financial Agreement

I understand TNT Kid's Fitness' preferred method of payment is through automatic payments with either a checking, savings, or credit card account on secure file with charges processed on the first day of each month. If I choose to not use automatic payments, my payment is due prior to the first day of each month. I understand I must notify TNT prior to the end of the month if I wish to drop enrollment for the following month.

Signature: Date:



**eCheck/ACH/Debit or Credit Card**  
**Recurring Payment Authorization Form**

Date: \_\_\_\_\_ I, \_\_\_\_\_ (print name)  
authorize TNT Kid's Fitness to charge my financial account listed below, on the 1st or next business day  
of each month or as stated on the Parent Agreement & Consent form (NBS/SODC).

Bank Name: \_\_\_\_\_

Bank Account Type:     Checking         Savings         Business Checking

Bank ABA Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

—OR—

Debit    or    Credit    Card (Circle one)

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 or 4-digit card verification code: \_\_\_\_\_

Billing Name & Address as appears on statement:

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

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

City/State/Zip: \_\_\_\_\_

This payment authorization is valid & will remain in effect unless I, \_\_\_\_\_  
notify TNT Kid's Fitness of its cancellation by sending notice by email [janine@tkkidsfitness.org](mailto:janine@tkkidsfitness.org) or fax  
701-365-8870 or mail 2800 Main Avenue, Fargo ND 58103

Customer Name Printed: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out & submit (if completing online) or attach a voided check below (if applicable) & fax to 701-365-8870, mail, or drop off form in person. In order to maintain security compliance, TNT does not allow payment information to be submitted via email. For your additional security, any payment information submitted by paper is destroyed upon entering into our secure database. As always, your payment information entered via TNT's parent portal is security compliant.

