



**SOAR 2022 - 2023
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.

Child 1	Child 2	Child 3
Name: _____ (First) (Last)	Name: _____ (First) (Last)	Name: _____ (First) (Last)
Birth Date: _____	Birth Date: _____	Birth Date: _____
Grade 2022-2023: _____	Grade 2022-2023: _____	Grade 2022-2023: _____
Circle One: Male Female	Circle One: Male Female	Circle One: Male Female

Parent/ Guardian Name: _____ Phone Number: _____
(First) (Last)

Work Number: _____ Email Address: _____

Parent/ Guardian Name: _____ Phone Number: _____
(First) (Last)

Work Number: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contacts (other than Parent/ Guardian):

In case of an emergency if guardians cannot be reached, the following adults should be contacted: (Required to be local; Parents must list a minimum of two individuals). These individuals will be authorized to pickup unless otherwise indicated.

Emergency Contact: _____ Phone Number: _____
(First) (Last)

Emergency Contact: _____ Phone Number: _____
(First) (Last)

School Attending

Please select the school your child(ren) will be attending during the 2022-2023 school year.

- | | | |
|---------------|--------------|-------------|
| Aurora | Freedom | South |
| Brooks Harbor | Independance | Westside |
| Deer Creek | Legacy | Willow Park |
| Eastwood | Osgood | |

Medical Information

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

Child 1: _____

Child 2: _____

Child 3: _____

Does your child have an IEP at school? YES NO

If you circled yes, please set up a time to meet with Alex after turning in your forms. You can reach him at 701-551-5015 or alex@tntkidsfitness.org

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 and charges will be 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.

Parent/ Guardian Name: _____ Date: _____

Parent/ Guardian Signature: _____



SOAR

Parent Agreement & Consent Form

FINANCIAL INFORMATION:

- Fee: \$325 per month
- Annual Registration Fee for TNT Programs: \$30 per family, per year
 - Due on or before anniversary date
- I understand that my payment will be processed through automatic payments on the first of each month, September - May.
- I understand I am required to inform TNT of my desire to drop by the end of the month, prior to the next's months billing date.

CHILD DROP-OFF & PICK-UP POLICY: I understand TNT does not allow any individual not listed on this registration form as a parent/ guardian or indicated as an emergency contact to pick-up. Verbal permission by the parent is required for any other pick-ups and must be communicated to the Customer Service Team by the parent/ guardian. A photo ID may be required at time of pick-up. Children must be picked up by 6:00 pm. Parents must enter the building and sign in/out their child(ren) at Customer Service.

ADDITIONAL PICK-UP CONTACTS

Pick-up Contact: _____ Phone Number: _____
(First) (Last)

Pick-up Contact: _____ Phone Number: _____
(First) (Last)

ADDITIONAL PERMISSIONS:

- I understand corporal punishment and abuse of any kind will not be allowed at TNT.
- I understand TNT must report any abuse or neglect suspected or observed to the proper authorities.
- I understand if my child has an IEP or behavior plan, I must schedule a meeting with the FitCare Lead, prior to SOAR starting. Failure to do so may result in me losing my spot in the program.
(Contact Alex@tntkidsfitness.org to set up a meeting)
- I give permission for TNT to show age-appropriate movies rated G or PG at the end of the day
- I understand my child(ren) will be given one snack per day. I may pack my child snacks in substitute of what TNT serves, provided it follows TNT's Wellness Policy.
- I understand my child(ren) must meet the requirements of EITHER being 7 years old or 4'9" in order to ride in the vans/buses without a booster seat. If they do not, I must provide TNT with an appropriate booster seat for field trips and other travel purposes. If I fail to do so, my child(ren) will not be allowed in the van for any purpose.

I have read and understood this Parent Agreement and Consent Form and agree to the FINANCIAL INFORMATION, CHILD DROP-OFF & PICK-UP POLICY, and ADDITIONAL PERMISSIONS listed above.

Parent/ Guardian Signature: _____ Date: _____

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

I have read and understood this PHOTO RELEASE.

Parent/ Guardian Signature: _____ Date: _____



Child Individual Waiver

TNT Kid's Fitness & Gymnastics

ASSUMPTION OF RISK, WAIVER OF LIABILITY: In consideration for allowing my child(ren) to use these facilities, I, on my behalf of my child(ren) and as legal parent/guardian, 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, birthday parties, special events & activities including inflatables, camps, parent participant activities and any and all other programs offered at TNT Kid's Fitness. I further recognize that participation in these activities could result in my child(ren)'s 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 the aforementioned person(s) participating in any and all TNT Kid's Fitness programs and activities and I ACCEPT ALL RISKS associated with that participation.

TRANSPORTATION: In the event that transportation is provided to an activity at TNT Kid's Fitness, I hereby give permission for my child(ren) to travel to and from those activities in the vehicle provided and agree not to hold TNT Kid's Fitness, its directors, officers, agents, or employees liable for any accident or injury suffered or contracted in connection with such travel.

MEDICAL: In the event of an emergency I would like my below mentioned child(ren)/ward 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 my child ward as a result of any injury sustained while participating at or for TNT Kid's Fitness.

Child/ Ward Name: _____

Parent/ Guardian Name: _____

Phone Number: _____

Email Address: _____

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

Parent/ Guardian 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@tntkidsfitness.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.

