

Child's Name	Date of Birth	Age	Sex	Child's Class Room	Shirt Size	Promo Code
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Mother's & Father's Name	Home Phone	Work Phone	Cell Phone
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Home Address	City	State	Zip Code
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Parent/ Guardian's **Email Address** (Please list an active email in order to receive photos and schedule changes)

Emergency Contact Information- Name	Relationship to Child	Phone Numbers
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Is there anything else we should know about the child to ensure a fun and safe Kidtastic Time? (medical, allergies, disabilities, etc...)

What Class Type, Time, Session and Location will your child be attending?

**CLASSROOM POLICY:** For ALL classes, except for Parent/Child classes, the instructor requests that parents/caregivers do not stay in the room or class hallway while the class is in session. At the end of the semester you will be invited to see the children's progress and new skills!

**ENROLL:** Your child(ren) is enrolled only upon receipt of payment and forms. Tuition charges and payment methods vary by location. **\*\*Please call Kidtastics 480-994-KIDS (5437) to verify where to send checks and whom the check should be payable to.\*\***

**ALWAYS** submit enrollment form to: Kidtastics 8485 E. McDonald Drive #243 Scottsdale, AZ 85250, sofun@kidtastics.com or by fax.

**DISCOUNT:** We allow only one discount per enrollment and per family.

**SHIRT:** Enroll in a FULL Fall session: August-December and your payment includes a Kidtastics shirt. Or purchase a shirt by including \$12 to your tuition cost. (Shirts are delivered a month after this form is received.)

**PAYMENT:** Make checks payable to Kidtastics; unless otherwise instructed to make checks payable to the location your child(ren) will be attending. Note: there is a \$25 charge on all returned checks. Credit cards can only be taken for classes that pay Kidtastics directly.

**Credit Card Payment (\$5 fee applies to cc pymts):** VISA MASTERCARD DISCOVER

Card Number: Card Expiration:

Cardholder Name: Signature:

Billing Address:

**Cancellations & Refunds:** Cancellation by an individual will result in a 75% refund until the start of session. No refunds are given after the session starts. No refunds are given for missed lessons. A child may make-up a missed lesson where space is available. A full refund will only be given if classes are cancelled by Kidtastics.

**Informed Consent And Waiver/ Release :** I, the undersigned, as parent or legal guardian of the child listed above in consideration of the request and permission of my son(s)/daughter(s) to participate in the activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, aerials, dance, cheerleading, running, weight training, swimming, diving, exercise and fitness conducted by Kidtastics, LLC. I, the undersigned, as parent or legal guardian, hereby assume full responsibility for all the risks of injury or loss which may result from my son(s)/daughter(s) participation in these activity and hereby agree to hold harmless, release and forever discharge Kidtastics, LLC, it's officers, agents, managers, supervisors, and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from swimming, gymnastics, dance, weight training, and a variety of strenuous exercise, vigorous physical activities and/or running directly or indirectly from my son(s)/daughter(s) participation in the aforementioned programs and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of Kidtastics, LLC, their officers, agents, managers, supervisors, or employees. The terms of this release shall serve as release and assumption of risk for my own son(s)/daughter(s), heirs, executors and administrators and for all my family members. I understand, agree, and acknowledge that there are risks inherent in the sports activities conducted by Kidtastics, LLC, including, but not limited to paralyzing injuries, brain injuries and death. These activities may be of a hazardous nature and/or may include activities such as swimming, dance, gymnastics, cheer,a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state, that there are no apparent health conditions of my son(s)/daughter(s) listed on this application, which would hinder or prevent his/her active participation in the Kidtastics, LLC programs.

**Consent for Emergency Medical Treatment:** In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the above named child, hereby grants authorization to Kidtastics, LLC, and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named child. Each of the undersigned further agrees that neither Kidtastics nor any of its representatives, shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency. Further, I agree to pay all costs associated with medical care and transportation for the child. I have noted any and all medical or health problems the child has of which Kidtastics, LLC should be aware in the health considerations section of this form.

**Photos:** I, the undersigned, as parent or legal guardian also give my consent for photographs and videos to be taken of my child (ren), whom are listed above, for publicity, training, and/or program purposes by Kidtastics, LLC.

I have read and understood, and I agree with the informed consent and waiver/release, emergency medical authorization and the photo release outlined in the above paragraphs as it relates to my son(s)/daughter(s).

**Any Questions?** Call Kidtastics office at 480.994.KIDS (5437), fax 1-888-628-4617, or email us at [SoFun@kidtastics.com](mailto:SoFun@kidtastics.com)  
Mailing Address: 8485 E. McDonald Drive #243 Scottsdale, AZ 85250 Visit us at: [www.kidtastics.com](http://www.kidtastics.com)

Parent/Guardian Signature & Date \_\_\_\_\_

Kidtastics, LLC Enrollment Form Office Use:

Database	Class List	Payment	Confirmation Call
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