

REGISTRATION APPLICATION

STUDENT INFORMATION

Child Name (#1):		
Date of birth:	Gender:	School:
Child Name (#2):		
Date of birth:	Gender:	School:
Parent(s)/ Guardian(s) Name(s):		
Home Phone:	Cell Phone:	Work Phone:
Current address:		
City:	State:	ZIP Code:
Parent(s) Email Address:		

EMERGENCY CONTACT

Name of Contact:	Emergency Phone:
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REQUIRED PAYMENT/CREDIT CARD AUTHORIZATION

Payment Information [Check/ Credit/Debit Card Auto Pay]		
Name as it appears on card:		
Card Number:	Exp (MM/YY):	Security Code:
Billing Address:		
City:	State:	ZIP Code:
I, the applicant authorize OT GrindTime to charge my credit card for charges on my account based on enrollment and polices		
Signature:	Date:	

POLICES AND PARTICIPATION WAIVER (Please initial each policy below)

____ **TUITION** Tuition is due prior to the start of the 1st session. Tuition is non-refundable. No refunds are given for classes missed. A \$35 NSF fee will be charged on all rejected payments. **I understand and agree my credit card will be charged prior to start of 1st session for balances due on my account.**

____ **REGISTRATION FEE** All students will be charged an annual registration fee of \$20 for the first child and \$10 for each additional child. This fee is nonrefundable.

____ **PHOTO RELEASE** OT GrindTime requests your permission to take photos and videos of your children to possibly use on our website, Facebook, and/or marketing materials.

____ **CANCELLATION** Minimum of 2 week's notice of cancellation must be provided via email to otgrindtime@gmail.com

PARTICIPATION WAIVER

I authorize the verification of the information provided on this form and have read and understand the above policies of OT GrindTime.

As parent and/or legal guardian of the participant(s) I agree to the following:

- I am aware that the child/children listed will be engaging in physical exercise involving various sports, coordination events, and general fitness training that can cause harm or injury.
- I understand that the child/children listed are voluntarily participating in the program activities and I am assuming all risks of injury to my child/children that may result from engaging in exercise program or sport related event.
- I hereby agree to waive any claims or rights that I may otherwise have to sue OT GrindTime or OT GrindTime owners, employees for any injury that might occur.
- I understand that OT GrindTime will make no evaluations or recommendation as to whether or not the child/children listed is capable or deemed physically fit to engage in any activity.
- If the child/children listed has any physical or mental condition that may impair their ability to engage in any OT GrindTime activities it is MY responsibility to obtain a physician's release.
- I understand that it is recommended I consult a physician prior to my child's/children's participation in any physical exercise program.

Parent/Guardian Signature:	Date:
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