



REGISTRATION FORM

Please make checks payable to KIDZ WIN, LLC. Mail payment to: KIDZ WIN, 42 Joyce Lane., Red Bank, NJ 07701 or Bring to first class

Student's Name: _____ Birth Date: _____ Age: _____

School: _____ Grade: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Diagnosis: _____

Please list any precautions as indicated by your physician or therapist:

PARENT(S)/GUARDIAN(S) RESIDING WITH CHILD

1. Name: _____ Relationship to Child: _____

Cell or Home Phone: (_____) _____ E-Mail: _____

CLASS SELECTION (Please Circle Class)

The "BEST" Class: Tuesday 4:00-4:45 or Thursday 4:00-4:45

Core Stability and Agility: Tuesday 4:50-5:35 or Thursday 4:50-5:35

Teen Fitness Fusion: Tuesday 5:40-6:25

Fitness Fusion for Young Adults (18 & up): Thursday 5:40-6:25

How did you hear about KIDZ WIN? _____

RELEASE AND AUTHORIZATION TO PARTICIPATE:

I acknowledge that my child, as listed above, has been cleared by his/her physician to participate in an exercise program. I acknowledge that I have informed the instructors of any precautions or considerations that are specific to my child, which may have an impact on his/her ability to fully participate in this exercise program.

PRINT NAME: _____ SIGNATURE: _____

DATE: _____ RELATIONSHIP TO STUDENT: _____

WITNESS: _____

Please contact Noreen Giovannone or Jennifer Santaniello via email kidzwin@gmail.com
or call 732-500-4332 for questions about classes or for scheduling private fitness sessions

For more information and registration visit www.kidzwin.net

* Class space is limited, so please contact us as soon as possible to ensure an open space for your child.