



CrossFit Kids Registration Form

Child's full name: _____ Sex: ___M ___F

D.O.B: ____/____/____

Parent/Guardian:

Address: _____

Home Phone: _____

Alternate phone (parent's cell phone): _____

Parent email: _____

Physician's name: _____ Phone: _____

In case of emergency please notify:

Phone: _____

1. List any current medications:

Medicine	Dosage	Reason
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a) _____

b) _____

c) _____

2. Has your child ever been restricted from physical activity for medical reasons?

Please explain

The following people have my consent to pick up my child from CrossFit Taumata

Name/Cell phone/relationship

Name/Cell phone/relationship

Name/Cell phone/relationship

WAIVER

By signing this document, I acknowledge that it has been suggested to me by CrossFit Taumata to obtain a physician's examination for my child and approval prior to him/her beginning this exercise program. I fully understand that the program is strenuous and choose to have my child participate. I accept all responsibility for my child's health and any resulting injury or mishap that may affect his/her well-being in any way. I hold harmless of any responsibility the instructor, the facility or any persons involved with this program or testing procedures.

Parent's Name: _____ Date: _____

Signature of Parent/Guardian (for participants under age 18)

Witness signature:

Photo Release

I hereby give permission for images of my child, captured during regular and special activities, through video, camera and digital camera, to be used solely for the purposes of CrossFit, CrossFit Kids or Licensed CrossFit affiliate promotional material publications and website. I waive any rights of compensation or ownership thereto. Last names of minors will not be given or posted on the internet or website.

Name of Minor:

Name of Parent/Guardian:

Signature: _____ Date: ____/____/____