



2800 Main Ave, Fargo, ND 58103 tntkidsfitness.org (701) 365-8868



Welcome to the Special Needs program.

TNT Kid's Fitness uses the following forms for enrollment.

- A. **Special Needs Registration Form:** Special Needs Registration form must be completed and turned into the Customer Service Desk prior to beginning classes.
- B. **Liability Waiver Form:** Must be signed and returned with the Special Needs Registration Form
- C. **Recurring Payment Authorization Form:** TNT Kid's Fitness' preferred method of payment is auto-withdrawal. This form must be completed and accompany the **Special Needs Registration** and **Liability Waiver Forms** at registration. The payment is processed on the 5th day of each month or the next business day if the date falls on a weekend/holiday.
- D. **Change Form:** If a change in time or day of classes is required, complete the Change form. It must be submitted no later than the last Friday of the month.
- E. **Drop Form:** If the client is dropping the class, a Drop Form is required to be submitted no later than the last day of the month. Charges and payments will accrue until the Drop Form is submitted. Any notice shorter than two weeks will not warrant a refund.
- F. For additional questions or concerns, contact Nate Hendrickson at 551-5021 / nate@tntkidsfitness.org.



Special Needs Registration Form

2800 Main Ave.
 Fargo, ND 58103
 Phone: 701-365-8868 Fax: 701-365-8870
 Web: www.tntkidsfitness.org
 E-mail: kidscomefirst@tntkidsfitness.org

GUARDIAN INFORMATION

Self/Parent/Guardian Name: _____
 (Circle One) (First Name) (Last Name)

Address: _____

City _____ **State** _____ **Cty** _____ **Zip** _____

Phones: Home: (_____) _____ **Cell**(_____) _____

Email Address: _____

Emergency Contact: _____ **Ph#**(_____) _____

AGENCY AFFILIATION

Agency Name: _____
*If not affiliated with an agency mark N/A

Address: _____

City _____ **State** _____ **Cty** _____ **Zip** _____

Phone Number: (_____) _____ **EmailAddress:** _____

CLIENT

 (First Name) (Last Name)

DOB _____ / _____ / _____
 (Date Of Birth)

Circle One: Male Female

 Class Choice #1 (Day) (Time)

 Class Choice #2 (Day) (Time)

Medical Information

List any physical/psychological disabilities, chronic ailments, special needs, allergies, and/or contraindicated activities for client:

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 5th day of each month. If I choose to not use automatic payments, my payment is due prior to the 5th of each month. I understand a **Drop or Change Enrollment Form** is required to by the last Friday of the month to terminate or alter my enrollment.

 Customer Name Date

 Customer Signature

eCheck/ACH/Debit or Credit Card
Recurring Payment Authorization Form

Date: _____ I, _____ (print name)
authorize TNT Kid's Fitness & Gymnastics to charge my financial account listed below, on the 5th or
next business day of the 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 & remains in effect unless I, _____
notify TNT Kid's Fitness & Gymnastics of cancellation by sending notice [to janine@tntkidsfitness.org](mailto: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) & scan
and email to janine@tntkidsfitness.org or drop off form in person. Services cannot be provided until
the completed form is received.

Voiced check



**TNT KID'S FITNESS
Waiver Release, Transportation Waiver
Release, and Medical Attention**

ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL AUTHORIZATION

In consideration for allowing my child/ward to use these facilities, I, on my behalf of my child/ward 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. 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. By your attendance in team, class or events at TNT, you are granting your permission for you and your child to be filmed, videotaped, audio taped, or photographed by a means and are granting full use of your likeness, voice, and words without compensation.

Transportation: In the event that transportation is provided to an activity by TNT Kid's Fitness, I hereby give permission for my child/ward to travel to and from those activities in the vehicle provided and agree not to hold TNT Kid's Fitness & Gymnastics Academy, 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/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.

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

Printed Name of Child/Ward	Signature of Child/Ward	Date
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Printed Parent/Gurardian Name	Signature of Parent/Guardian	Phone
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Address	City	State	Zip
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