**TODAY'S DATE:**

**CHILD INFORMATION**

**First Name:**

**MI:**

**Last Name:**

**Date of Birth:**

**Gender:**

**M**

**F**

*mm / dd / yyyy*

**Child's School and Grade entering:**

**PARENT**

/

**GUARDIAN INFORMATION**

**1.**

**First Name:**

**MI:**

**Last Name:**

**Primary E-Mail:**

**Street Address:**

**City:**

**State:**

**Zip Code:**

**PHONE**

**Home:**

**Cell:**

**Work:**

**Alternate:**

**2.**

**First Name:**

**MI:**

**Last Name:**

**Primary E-Mail:**

**Street Address:**

**City:**

**State:**

**Zip Code:**

**PHONE**

**Home:**

**Cell:**

**Work:**

**Alternate:**

***NOTE: PARENT/GUARDIAN MUST ALSO READ AND SIGN THE TERMS AND CONDITIONS***

**Start Date:**

**ENROLLMENT OPTIONS**

*mm / dd / yyyy*

|  |  |
| --- | --- |
| **ENROLLMENT** | **Transportation** |
| **Monday-Friday** $400 | **Monthly fee $75** |
| **Monday and Wednesday $315** |  |

*\*Monthly rate includes snack and water.*

# ACKNOWLEDGMENT OF AGREEMENT

**This agreement is between Sit and Kit and the person(s) named above:**

1. Tuition will be charged as indicated above on a monthly basis.
2. A  **first month tuition** will be due upon enrollment to hold your child’s spot. This will be **Credited** for future studio use upon written notice of disenrollment if received 30-days prior to the first day of the semester as indicated in red.  
    *(Initials: )*
3. Your account will be charged on the last business day of the month for the following month’s tuition. *(Initials: )*
4. Enrollment is continuous, meaning temporary disenrollment and re-enrollment during the School year should be given 30 days in advance to info@sitandkit.com. *(Initials: )*
5. We reserve the right refuse service to a child that is persistently misbehaving and causing harm to other children or studio.   
   *(Initials: )*
6. In the event that you decide to cancel your enrollment, 30 days of written notice of disenrollment is required to receive a Credit**.** *(Initials: )*
7. In the event your disenrollment date does not fall on the last date of the month, partial months attended will not be billed at a pro-rated amount and full tuition will be billed**.** *(Initials: )*
8. In the event that additional fees may apply, you will be contacted for approval and fees will be billed accordingly. *(Initials:)*
9. Late fee will occur after 6:30pm**.** *(Initials: \_\_\_\_\_\_\_\_\_\_\_\_)***I have fully informed myself of the contents of this agreement and registration by reading it before signing it. By my signature below, I understand and agree to the above terms and conditions.**

**Client Signature: Date:**

*mm / dd / yyyy*

# TERMS AND CONDITIONS

This agreement may not constitute Studio membership. Use of studio may be limited to enrolled activity/program only. Participant agrees to abide by published Sit and Kit Rules and Regulations. Sit and Kit reserves the right to terminate this agreement for any reason. WAIVER AND RELEASE OF LIABILITY: (Read Carefully Before Signing!) I agree that this Waiver and Release of Liability shall apply to each visit I make to the studio, including future visits, regardless of any date of issuance or expiration date on the Guest or participant, and regardless of the date that this form is signed below. I understand and acknowledge there is risk involved in being in Sit and Kit, including, but not limited to, utilizing equipment or participating in any activity. In consideration for being allowed to utilize Sit and Kit, I agree I will assume the risk and full responsibility for any and all injuries, losses, death, costs, or other damages, that might occur to me and/or to my family while on the premises of Sit and Kit or participating in any off-site studio program or activity; and to the maximum extent allowed by law, I agree to waive and release any and all claims, suits, or related causes of action against Sit and Kit, its owners, officers, employees, or agents (collectively Sit and Kit), for negligence, injury, loss, death, costs, or other damages to me, my heirs or assigns, while on the premises of Sit and Kit or participating in any off-site program or activity. I further agree I will indemnify, defend and hold Sit and Kit harmless, to the maximum extent allowed by law, from negligence, injury, loss, death, costs, or other damages to me, my heirs or assigns, or third parties for claims, suits, or related causes of action asserted against Sit and Kit arising from my conduct and/or my family’s conduct while on the premises of Sit and Kit or participating in any off-site program or activity and this waiver and release shall bind the members of my family and my spouse or registered domestic partner, if I am alive, as well as my estate, family, heirs, administrators, personal representatives or assigns if I am deceased, and shall be deemed as a “Release, Waiver, Discharge and Covenant” not to sue Sit and Kit. I further agree to release, indemnify, defend and

# TERMS AND CONDITIONS (CONTINUED)

hold Sit and Kit harmless from any liability whatsoever for future claims presented by my children or any other minor children or their parents, whose visit to Sit and Kit is sponsored by me, for any injuries, losses or damages to themselves or any family member or registered domestic partner. If any term of this waiver and release shall be found illegal, unenforceable or in conflict with any applicable law, the validity of the remaining portions shall not be affected thereby.

*(Initials: )*

PARENTAL CONSENT, ASSUMPTION OF RISK, INDEMNIFICATION AND RELEASE OF LIABILITY AGREEMENT: In consideration of above Participant, hereinafter referred to as MINOR CHILD, being allowed to participate in the above Activity/ Program or service, I voluntarily agree to assume all risks involved in my MINOR CHILD’s participation), and consent to my MINOR CHILD’s participation in the program or service. I understand that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my MINOR CHILD’s participation in the program or service that cannot be specifically listed. Further, I recognize that the actions of other users of the Sit and Kit may cause harm or loss to my MINOR CHILD’S person or property. I release Sit and Kit and its owners, officers, employees, or agents (hereinafter referred to as “Sit and Kit”) from any and all liability, claims, costs, expenses, injuries or losses, including those resulting from acts of negligence by Sit and Kit, that I or my MINOR CHILD may otherwise sustain as a result of my MINOR CHILD’s participation in the program or service. I FURTHER AGREE that if, despite this PARENTAL CONSENT, ASSUMPTION OF RISK, INDEMNIFICATION AND RELEASE OF LIABILITY AGREEMENT, MY MINOR CHILD, I, or anyone on my behalf, makes a claim against Sit and Kit, I will defend, indemnify, save and hold harmless Sit and Kit from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim. If any part or portion of this Parental Consent, Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable to the fullest extent permitted by law. By signing as the parent or guardian of the MINOR CHILD, I represent that I am the legal parent or guardian of the MINOR CHILD. I, the undersigned parent or legal guardian, acknowledge that I am also signing this Assumption of Risk and Release of Liability on behalf of the MINOR CHILD and that the MINOR CHILD shall be bound by the terms of this Assumption of Risk and Release of Liability. In the case of an emergency where I cannot be reached, I hereby authorize Sit and Kit, its employees and the treating physician to obtain or provide what medical treatment is deemed necessary for the immediate welfare of my MINOR CHILD as named above. I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is a contract between Sit and Kit and myself and on behalf of my MINOR CHILD (as named above), I sign it of my own free will. *(Initials: )*

**I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS AGREEMENT AND REGISTRATION BY READING IT BEFORE SIGNING IT. BY MY SIGNATURE BELOW I UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS. IF AVAILABLE AND APPLICABLE, WE REQUEST THE NAMES AND SIGNATURES OF TWO LEGAL PARENTS OR TWO LEGAL GUARDIANS ON THIS DOCUMENT.**

|  |  |  |  |
| --- | --- | --- | --- |
| ***LEGAL Parent/Guardian #1 (Printed)***  ***LEGAL Parent/Guardian #2 (Printed)*** | ***Signature***  ***Signature*** | | ***Date (mm/dd/yyyy)***  ***Date (mm/dd/yyyy)*** |
|  | | |  | |

**Health and Authorized Pick-up Form**

This form must be completed by a parent or guardian and should be submitted before drop-off on the first day of program.   
A physician’s signature is not required on this form; however, we strongly encourage the child to have a yearly physical check-up by a family doctor. **Please complete the form in full.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participant’s Information** | | | | | | | | | | | | |
| Child’s First Name: | | | | | | | Child’s Last Name: | | | | | |
| Age: | Gender: Male/Female | | | | | | Birth Date (MM/DD/YY): | | | | | |
| Address: | | | | | | | | | | | Suite/Apt: | |
| City/State/Zipcode: | | | | | | | | | Home Phone #: | | | |
| Name Of School: | | | | | | | | Grade In Upcoming 23/24 School Year: | | | | |
| **Parent/Guardian Information** | | | | | | | | | | | | |
| First Name: | | | | | Last Name: | | | | | | | |
| Relationship to child: | | | | | | | | | | | | |
| Address (If different from child): | | | | | | | | | | Suite/Apt: | | |
| City/State/Zip code: | | | | Email: | | | | | | | | |
| Home Phone #: | | | Cell phone #: | | | | | | | * Authorized to pick-up | | |
| **Emergency Contact (other than parent):** | | | | | | | | | | | | |
| First Name: | | Last Name: | | | | | | | | | | |
| Relationship to child: | | | | | | | | | | | | |
| Address: | | | | | | | | | | Suite/Apt: | | |
| City/State/Zip code | | | | Email: | | | | | | | | * Authorized to Pick-up |
| Home phone #: | | Cell phone #: | | | | | | | | Work phone #: | | |
| **Health History** | | | | | | | | | | | | |
| Does your child have (current and/or any of the following (please check all that apply) | | | | | | | | | | | | |
| * Asthma * Attention Deficit Disorder * Attention Deficit Hyperactivity Disorder * Behavioral concerns * Diabetes * Eating disorders * Physical Challenges/Limitations * Autism Spectrum Disorder | | | | | | * Frequent Ear Aches/Colds * Headaches * Emotional Difficulties * Heart Condition * Seizure Disorders * Mental Health Concerns * Vision/ Hearing difficulties * Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| If you have checked off any items under health history please provide any information that would be important for us to know in a studio setting (add an additional page if necessary) | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Allergies/Dietary Concerns** | | | | |
|  | | | | |
| Please list any known food, environmental, or medication allergies that your child currently has, the reaction from contact, and describe how to treat if treatment is required | | | | |
| **Description of Allergy** | **Reaction from contact** | | | **Treatment required** |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
| Does your child carry an EpiPen? Yes/No | | Does your child carry an Inhaler? Yes/No | | |
| **Medications** | | | | |
| If your child takes any medications, please list them below. Also, if your child has any medications that they are required to take during studio hours PLEASE CALL OR EMAIL TO DISCUSS INSTRUCTIONS. | | | | |
| **Medication Name** | | | **Dosage** | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
| Is the child under any form of treatment for any illness, condition or injury? No/Yes If yes please explain | | | | |
| **Authorized Pick-up and Emergency Contacts** | | | | |
| Please list any other individuals not listed above who have permission to pick up your child from Sit And kit. Please note that any person not on the list will not be authorized to pick up your child from the studio. These individuals will be required to present a photo ID before leaving with your child. | | | | |
| **First and Last Name** | **Relationship to child** | | | **Primary contact phone #** |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
| **Authorization** | | | | |
| To the best of my knowledge, this camper does not have a communicable disease, has not been in contact with anyone who has a communicable disease within 3 weeks of the camp session start date, and is physically able to participate in all camp activities except as indicated. All medical problems, or conditions requiring ongoing medical supervision or care, have fully been noted. I give permission for this health and authorized pick-up information to be shared with outside medical personnel in the event of an emergency. If the parent cannot be reached, permission is hereby given to Sit and Kit to take whatever steps it deems necessary to ensure the safety and health of my child. I also grant permission for the camp to contact my child’s emergency contact as required.  I hereby certify that all the information completed in this form is accurate and up to date. I will contact the studio, in writing should any changes occur in my child’s health status between now and arrival at the studio. | | | | |
| Print name | Signature | | | Date (MM/DD/YY) |