TNT Kid's Fitness & Gymnastics
2800 Main Ave. Fargo, ND. 58103 • tntkidsfitness.org • (701)365.8868

Welcome to the No Limits Fitness program

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

1. No Limits Fitness Registration Form: This form must be completed and turned into the Customer Service Desk prior to beginning classes. ***(Included in this packet)***

2. Participant Waiver Form: Must be signed and returned with the No Limits Fitness Registration Form. ***(Included in the packet)***

3. Recurring Payment Authroization Form: TNT Kid's Fitness' preferred method of payment is auto-withdrawal. This form must be completed and accompany the No Limits Fitness Registration and Liability Waiver Forms at registration. The payment is processed on the 1st day of each month or the next business day if the date falls on a weekend/ holiday. ***(Included in the packet)***

4. 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 25th of the month. ***(Available at the Customer Service Desk)***

5. Drop Form: If the participant is dropping the class, a Drop Form is required to be submitted no later than the 25th day of the month. Charges and payments will accrue until the Drop Form is submitted. ***(Available at the Customer Service Desk)***

For additional questions or concerns,
contact Jake Haile at 701-551-5011 or jake@tntkidsfitness.org.

No Limits Fitness 2020
Registration Form
TNT Kid's Fitness & Gymnastics

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

Form must be filled out in its entirety with all signatures. Please FILL OUT and RETURN TO TNT

Participant

Name: _____ Circle One: Male Female
(First) (Last)

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: _____ If 21 or under, what school do you attend: _____

Class Choice

Class Choice 1 Day: _____ Time: _____ Class Choice 2 Day: _____ Time: _____

Medical Information

List any physical/psychological disabilities, chronic ailments, special needs, and/or allergies.

_____

_____

Parent / Guardian / Emergency Contact Information

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

Phone Number: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____
(If different than participant)

Agency / Program Information

Agency / Program Name: _____ City: _____

Residential Coordinator (RC): _____
(First) (Last)

RC Phone Number: _____ RC Email Address: _____

Financial Agreement

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 first day of each month.
If I choose to not use automatic payments, my payment is due prior to the first day of each month.
I understand I must notifiy TNT prior to the end of the month if I wish to drop enrollment for the following month.

Parent/ Guardian Name: _____ Date: _____

Parent/ Guardian Signature: _____

Participant Waiver

TNT Kid's Fitness & Gymnastics

ASSUMPTION OF RISK, WAIVER OF LIABILITY: In consideration for allowing my child(ren) to use these facilities, I, on my behalf of my child(ren) 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.

PHOTO RELEASE: By your attendance in class or events at TNT, you are granting your permission for you and your child(ren)/ ward 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 at TNT Kid's Fitness, I hereby give permission for my child(ren) to travel to and from those activities in the vehicle provided and agree not to hold TNT Kid's Fitness, 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(ren)/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.

Child/ Ward Name: _____

Parent/ Guardian Name: _____

Phone Number: _____

Email Address: _____

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

Parent/ Guardian Signature: _____ Date: _____

Updated May 2019

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

Date: _____ I, _____(print name) authorize TNT Kid's Fitness to charge my financial account listed below, during the 1st week of the session for my child's Tot's Tumble Time Tuition and Annual Registration Fee (if applicable).

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:

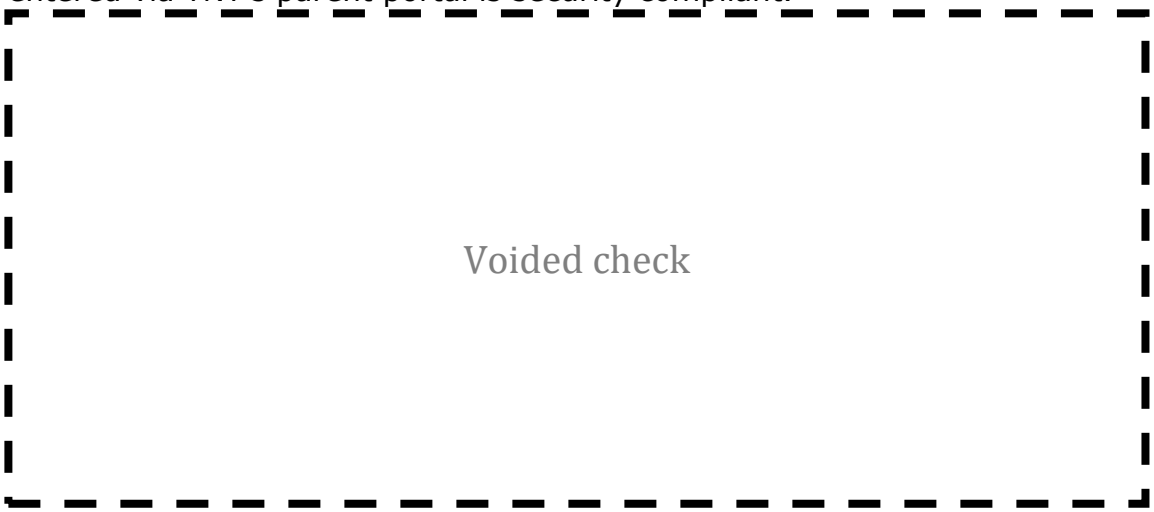
Name:_____

Street Address: _____

City/State/Zip: _____

This payment authorization is valid & will remain in effect unless I, _____ notify TNT Kid's Fitness of its cancellation by sending notice by email 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) & fax to 701-365-8870, mail, or drop off form in person. In order to maintain security compliance, TNT does not allow payment information to be submitted via email. For your additional security, any payment information submitted by paper is destroyed upon entering into our secure database. As always, your payment information entered via TNT's parent portal is security compliant.