



CrossFit Kids & Teens Registration Form

PARTICIPANT INFORMATION

Name: _____ Birthdate: _____ Age: _____
First Last dd/mm/yyyy

Medical Concerns/Allergies: _____ M F
PLEASE INFORM US IF YOUR CHILD'S HEALTH STATUS CHANGES PLEASE CIRCLE

PARENT/GUARDIAN INFORMATION

Name: _____ Phone #: _____
 Email: _____ Emergency Contact

Name: _____ Phone #: _____
 Email: _____ Emergency Contact

The following people have consent to pick up my child:
 Name & Mobile: _____
 Name & Mobile: _____

Release to administer rescue inhaler: Yes / No

How did you hear about us? _____

PRIVACY CODE

I am aware that Hive Active Pty Ltd maintains the information above and that its staff or contractors may have access to the information. Hive Active Pty Ltd will not share any information with any other party.

TERMS AND CONDITIONS OF ENROLLMENT

Payments - We accept cash, Visa, MasterCard, and Debit.

EFT – Account Name: Hive Active BSB – 012294 Account #: 407851739

Registration – Registration is confirmed upon receipt of payment.

Cancellations - Hive Active Pty Ltd reserves the right to cancel or change class times due to insufficient enrollment. Advance notice will be provided and a full refund will be provided.

WAIVER AND RELEASE

Although all efforts will be made to provide a safe and enjoyable exercise program, it must be recognised there are inherent risks involved in participation in any sport. I, the undersigned, hereby agree to indemnify and deem harmless Hive Active Pty Ltd, its principals, officers, instructors, coaches, employees, sub-contractors, members and clubs against all claims, demands, costs, damages, actions, suits or proceedings arising out of participation of my child, named above, in any CrossFit activity. Hive Active Pty Ltd reserves the right to photograph and/or video participants involved in Hive Active Pty Ltd programs to be used for the sole purpose of promotional material and publication; therefore I, the undersigned, waive any rights of compensation or ownership thereto.

Signature: _____ Date: _____

OFFICE USE

Athlete Type: Member's Child Non-Member's Child **Term:** 1 2 3 4
please circle

Paid: _____ Rec'd by: _____ Entered in Wodify: _____
Initials Initials