



LITTLE ALPHAS CHILD WATCH REGISTRATION FORM

Parent or Guardian Name: _____

Address: _____

Phone: _____ Secondary Phone: _____

Child(ren):

Name: _____ Birth Date: _____ Age: _____

Name: _____ Birth Date: _____ Age: _____

Name: _____ Birth Date: _____ Age: _____

Name: _____ Birth Date: _____ Age: _____

Name: _____ Birth Date: _____ Age: _____

Additional Information: _____

Special Needs, Requirements, or Behavioral Problems: _____

Emergency Contact Information (in the event we can not locate you in the gym):

Name: _____

Address: _____

Phone: _____ Secondary Phone: _____

Relationship to Child: _____

I, the member or guest, agree to the terms in the Little Alphas Child Watch Agreement. I am voluntarily using the child watch services of Alpha Fitness while I am on the premises. I agree not to leave the premises without my child. I also understand that I will notify the Child Watch Supervisor if the child requires special needs or if my child is ill. Alpha Fitness reserves the right to allow or not allow its child watch services to its member or guest. I understand and agree that Alpha Fitness assumes no liability for injuries that my child may sustain (or cause harm to another) and I will hold this facility harmless.

Signed: _____

Print Name: _____ Date: _____