



CrossFit Kids Virtus

Child Information Worksheet

Child's Name _____ Age _____ DOB _____

Address: _____

City, State, Zip: _____

Name(s) of Parent(s)/Guardian(s): _____

Phone: h) _____ c) _____

Email Address: _____

How did you find out about us? _____

Please provide two emergency contacts and their phone numbers:

Emergency Contact Name/Relationship: _____

Phone: _____

Emergency Contact Name/Relationship: _____

Phone : _____

Date of last physical exam: _____

Doctor Name and Phone: _____

Physical Activity:

What is your child's current activity level? _____

Does your child participate in team sports? If yes, which ones? _____

Does your child exercise regularly? _____

Please list any concerns you have regarding your child's participation in CrossFit Kids?

Please list any helpful information regarding your child's personality that would benefit their coach:



General Health/ Physical Activity Readiness Questionnaire (PAR-Q)

Please indicate if your child has ever been diagnosed with, has a history of, or a currently has of any of the following:

ADD/ADHD:	Yes	No
Autism or Aspergers:	Yes	No
Head Trauma/Concussion(s)*:	Yes	No
Epilepsy*:	Yes	No
Allergies:	Yes	No
Asthma*:	Yes	No
Heart Condition*:	Yes	No
High Blood Pressure*:	Yes	No
Shortness of Breath*:	Yes	No
Severe Dizziness/ Feels Faint*:	Yes	No
Irregular Heart Beat/Arrhythmia*:	Yes	No
Chest Pains during or after exercise*:	Yes	No
Broken Bone within the last 6 months*:	Yes	No
Bone or Joint Problems aggravated by exercise*:	Yes	No
Back Pain*:	Yes	No
Diabetes type 1 or type 2*:	Yes	No
Autoimmune Disease*:	Yes	No
Recent Surgery*:	Yes	No

***If you answered “yes” to any of the above marked with a(*), it is important to note that there may be restrictions on your child’s ability to participate an exercise program. If you are unsure of any of the information you have provided, we strongly advise that you consult with your child’s doctor before allowing your child to begin any exercise program.**

If you answered “yes” to any of the above, please explain. Also, please list any other health concerns/conditions, including psychological (bi-polar disorder, OCD, etc.) your child may have, even if you think they may not be important, or are not addressed in this questionnaire.

Does your child take any prescription or over-the-counter medications? If so, please list and the condition for which they are taken: _____

Does your child need a rescue inhaler? _____ If so, do you give your permission for CFV trainers to help administer the use of a rescue inhaler if necessary?

Do you know of any reason your child should not participate in physical activity? If so, please indicate: _____

If your child’s health status changes, you are required to tell your CrossFit Kids Virtus Coach. Ask whether this change in health status requires an adjustment to their physical activity plan.



Registration Form

Child's Name: _____ Age: _____

Classes/Fees:

Please check:

- Kids (Ages 5-8), Monday/Wednesday, 4:00 p.m. – 4:30 p.m.
- Pre-Teens (Ages 9-12), Monday/Wednesday, 4:30 p.m. – 5:00 p.m.
- Teens (Ages 13-17), Monday/Wednesday, 5:00 – 6:00 p.m.
- Teen Weightlifting (by invitation only), M – W – F, 9:00 a.m. – 10:00 a.m.

- Current CFV Members: \$45/month
- Teen Weightlifting: \$55/month
- Non-CFV Member: \$65/month
- Additional child discount: 10% off of first child rate

Monthly Payments: I acknowledge and agree to pay for the use of **CrossFit Virtus, LLC, (CFV)**, and in consideration of the rights granted by **CFV**, upon signing this agreement to pay do promise to pay **CFV** consecutive installments in the amount of \$_____, (Monthly Payments) beginning _____, 20____. I understand all monthly payments are to be paid to **CFV**, regardless of the amount of use or lack of use in **CFV**. I also understand that I must continue making my monthly payments if my account is ever placed on a medical hold (freeze) during the initial term of this agreement.

Method of Payment: _____ Paid-in-full _____ Check _____ Bank Draft

Authorization for credit card payments: I hereby authorize CrossFit Virtus, LLC, as applicable to initiate debit entries for program payments to my credit/debit card as indicated below.

Card Type: _____ VISA _____ MASTERCARD
 Card Number: _____ Exp Date: _____
 Name on Card: _____ CVV: _____
 Card Billing Address: _____

Authorized Signature: _____ Date: _____

Late Fees & Return Charges: The statement balance is due on the first of the month and is considered late and past due on the tenth of the same month. A late fee of five percent (5%) will be assessed to any unpaid balance when it becomes past due. A fee of \$40.00 will be charged for any check, draft, or credit card charge not honored by the bank for any reason. The business office must be notified at least thirty (30) days in advance of any bank or credit card account charge or closing to prevent this fee from being charged.

Renewals: This membership agreement is **automatically** renewed at the end of the initial term on a month-to-month basis. The undersigned must request to renew or cancel this agreement.

Cancellation: All sales are final. If, at anytime, you are not satisfied with CrossFit Virtus, LLC, please take the time to speak with the business staff and a cancellation agreement may be initiated. If life brings you the unexpected and you need to leave us, we appreciate your business and look forward to seeing you in the future.

Compliance: I have received the CrossFit Kids, Virtus (CFKV) Welcome Letter and agree to follow all compliance standards therein. _____ (initial)

Signature: _____ Print: _____ Date: _____