

After School Enrichment

Miller Fitness for Grades 1-3

Mondays 3:30 - 4:30 pm

Activities will focus on exercise and fun through basketball, soccer, tee-ball, kickball, and more!

Session 5 \$30:	Jan 14, 28	Payment Window: Dec 12-14
Session 6 \$45:	Feb 4, 11, 25	Payment Window: Jan 16-18
Session 7 \$45:	Mar 4, 11, 18	Payment Window: Feb 13-15
Session 8 \$75:	Apr 1, 8, 15, 22, 29	Payment Window: Mar 13-15
Session 9 \$45:	May 6, 13, 20	Payment Window: Apr 16-18

*BOTH the Miller Fitness Registration Form
and
the Enrichment Registration Form
must be completed and returned to participate*

If you have any questions please contact Ms. Miller at jmiller@hollywoodcharter.org



MILLER FITNESS REGISTRATION FORM

Participant's Name _____ DoB _____ Age _____ Grade _____

Address _____ City _____ Zip _____

Mother's Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Father's Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Emergency Contact Name _____ Phone _____

Dr. Name _____ Dr. Phone _____

Special Medical Needs, Allergies, etc. _____

Authorized to Pick-up Child:

Name _____ Phone _____

Name _____ Phone _____

CONSENT, AUTHORIZATION AND RELEASE

I, the legal guardian of _____, age _____, hereby give permission for my child to participate on the HAAS fitness club. I hereby release and agree to indemnify and hold Hollywood Academy of Arts & Science, it's Principal, Mr. Hage, Coaches, volunteers, City of Hollywood's Park and Recreation, transportation services, and participating schools free and harmless from any and all claim for personal injury, loss of life or damage to property suffered by _____ by reason or as a result of the presence or participation of _____ in any activity of the program, including any such personal injury, loss of life or damaged to property caused, in whole or in part, by the negligence of Hollywood Academy of Arts and Science, it's Principal, Mr. Hage, Coaches, volunteers, City of Hollywood's Park and Recreation, transportation services, participating schools. In case of an emergency, I hereby give permission to the physician selected by Hollywood Academy of Arts and Science, it's Principal, Mr. Hage, Coaches, volunteers, City of Hollywood's Park and Recreation, transportation services, participating schools to order x-rays, routine test and treatment for the health of my child. In the event that I cannot be reached for an emergency, I give permission to the physician selected by the program to hospitalize, secure proper treatment for, and to order injection and or anesthesia and or surgery for my child as named above. I understand that I bear responsibility for all medical expenses incurred in case of accident.

It is further agreed that Hollywood Academy of Arts and Science, it's Principal, Mr. Hage, Coaches, volunteers, City of Hollywood's Park and Recreation, transportation services, participating schools assumes no responsibility for loss of my participant's personal property.

I give permission slip for my child to participate in activities and I give permission to Hollywood Academy of Arts and Science, it's Principal, Mr. Hage, Coaches, volunteers, City of Hollywood's Park and Recreation, transportation services, participating schools to use any pictures taken of my child for future promotional purposes. I agree to pay all fees for participation in this program.

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian name _____