

SMART-4-Kidz

To reserve a space,
Fax Registration to: 718-369-7621

Or Mail with check to: SMART-4-Kidz, Ltd., 459 Columbus Ave., Suite 263, New York, NY 10024

Registration also available online at www.smart4kidz.org
Telephone: 212.595.KIDZ or 718.369.SMART

Classes limited to 12 students.

School Name _____ Grade _____ Date/Day of Class _____

1st Child Name _____ Birthday _____ Age _____

2nd Child Name _____ Birthday _____ Age _____

Parents Name _____

Address: _____

City _____ State _____ Zip _____ Email _____

Telephones: Home _____ Work _____ Cell _____

Emergency Contact: Name _____ Relation _____ Phone _____

Does your child have any injuries we should be aware of? NO ___ Yes ___ Please Explain _____

Payment: Check ___ MO ___ Visa ___ MC ___ Discover, AmEx ___ #:

Expiration date: _____ Name on Card: _____

Billing address if different from above: _____

Please read and give consent:

I, _____, parent or guardian of the minor identified above, hereby acknowledge the following notices and accepts each of the following terms as a condition of participation in the SMART-4-Kidz program:

1. Release of liability: I acknowledge and fully understand that my child will be engaging in physical activities that may involve some risk of injury. I acknowledge that I have been advised to consult with my or my child's physician with respect to their physical condition and health, present injury, illness, or any other condition or medication that may affect my child's participation in the SMART-4-Kidz program. I assume all risks and accept personal responsibility for any personal or emotional injury sustained by my child and discharge and hold harmless SMART-4-Kidz, its owners, directors, members, officers, teachers, employees and agents from any claim, cause of action or liability for damages arising from any personal injury to my child or other persons or property caused by my or my child's participation in the SMART-4-Kidz program. **2. Consent to Photograph and record:** I acknowledge that my child may be photographed, video or voice recorded during SMART-4-Kidz classes. These photographs and recordings shall become the sole property of SMART-4-Kidz, and may appear in SMART-4-Kidz promotional materials or used for editorial purpose unless otherwise specified. No compensation shall be extended for such use. **3. Cancellation Policy:** If a written request is received before the second attended class of a series, a prorated refund will be issued less a \$50 processing fee. The class schedule is subject to change; SMART-4-KIDZ reserves the right to combine, cancel, change time of classes and/or otherwise modify the schedule without prior notice. **4. Make-Up Classes:** In the event that my child is unable to attend a scheduled class, I agree to provide notice, to SMART-4-KIDZ, at least 48 hours prior to said scheduled class. Make-up classes must be scheduled in advance and are non-transferable. SMART-4-KIDZ will make every effort to re-schedule all classes for which such prior notice is given; no credit or refund will be given for a missed class.

Parent/Guardian signature: _____ Date: _____

CHANGING THE WORLD ONE KID AT A TIME™