



AerobiKids Registration Form

Camper's Name: _____

Age: _____ Date of Birth: _____

T-Shirt Size (Please circle) YXS YS YM YL YXL

Parent's Name: _____

Parent's Address: _____

Parent's Home Phone: _____

Parent's Work Phone: _____

Parent's Cell Phone: _____

Consent and Release for a Minor

I, _____ understand that my child must remain with camp instructors in the aerobics room or myself at all times while in the Yoakum Shape Shop. Children are not allowed in the equipment area of the gym at any time. I am aware that participating in aerobics classes can be potentially hazardous for my child, and that fitness activities involve a risk of injury and even death. I am voluntarily allowing my child to participate in aerobics classes with knowledge of the dangers involved, and hereby agree to assume and accept any and all risk of injury and/or death.

Parent/Guardian Signature _____ Date _____

Camp Fee Pd. Member \$30.00 Date Paid: _____

Non-Member \$35.00

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