



24119 Riverwalk Court #137, Plainfield, IL 60544  
(779) 234-6908 (630) 664-4400

# CrossFit Kids Intake Form

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Parent or Guardian's Name(s): \_\_\_\_\_

Address including City & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Referred by: \_\_\_\_\_

Emergency Contact information and relationship to child:

\_\_\_\_\_

Is anyone else permitted to drop off or pick up your child? YES NO

If yes, please list name and address to be verified with a photo ID before child is released.

\_\_\_\_\_

Please list any information regarding your child's health that may affect their ability to participate. *(Including but not limited to: asthma, allergies, medical conditions, physical conditions, etc.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know to help make your child successful? YES NO

\_\_\_\_\_

I understand that I have enrolled my child in a fitness program that will be supervised by certified professionals. I also understand that I have done so at my own risk, and that CrossFit Plainfield, its employees, and associates are not responsible for any accidents or injuries incurred during the program or on the premises. I give my consent for instruction to be given to my child and for my child to engage in the activities of the program. I understand that it is my responsibility to notify my child's coach of any health issues, injuries, or other issues that may impact or interfere with my child's safety and experience in CrossFit Kids Classes. I am aware that photographs may be taken of my child while he/she is in class and give consent to the same.

Signature of Parent or Guardian

Date