



# KID'S INTAKE FORM

CHILD'S NAME:	CHILD'S DOB	CHILD'S AGE
Primary Parent/Guardian's Name	Address	Guardian's E-mail
Guardian's Cell	Co-parent's Name	Co-Parent's Cell
Emergency Contact Name	Relationship to Child	Emergency Contact Cell
Is anyone else permitted to pick up this child?	If "Yes," please list their name and address to be verified on a photo ID before the child is released.	

Please list any information regarding your child's health that may affect their ability to participate?

Is there anything else we should know to help make your child successful?

Does your child have any allergies that we need to be aware of?

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 safe and satisfying experience in CrossFit Kids classes.

Signature of Parent/Guardian:

Date:

For Office Use Only:

Intake Form  
& Waiver  
Completed

Photography  
Release  
Signed

CF Kids  
Parent Letter  
Signed

Added  
in Zen  
Planner

Initial Pay-  
ment On  
File