



Body & Mind Builders Registration, Release of Liability and Emergency Medical Form

78 Reade Street, New York, NY 10007
T: 212-587-1099 F: 212-587-1990

First Child:

First Name		Last Name		Special Needs (allergies/medical,etc)
M/F	DOB	School	Current Grade	

Second Child:

First Name		Last Name		Special Needs (allergies/medical,etc)
M/F	DOB	School	Current Grade	

Third Child:

First Name		Last Name		Special Needs (allergies/medical,etc)
M/F	DOB	School	Current Grade	

Parent/Guardian 1

First Name		Last Name		Relationship
Billing Address (Street, City, State, Zip)				
Daytime Phone #		Cell #		Email

Parent/Guardian 2

First Name		Last Name		Relationship
Billing Address (Street, City, State, Zip)				
Daytime Phone #		Cell #		Email

Other adults who may accompany the child(ren) to/from the program (babysitter, etc.)

Name: _____ Relationship: _____ Contact #: _____
 Name: _____ Relationship: _____ Contact #: _____

Person(s) restricted from picking up my child(ren):

Name: _____ Relationship: _____

Health Insurance:

Provider: _____
 Address: _____
 Phone #: _____
 Group ID: _____

Legal Consent: Please read and initial all that apply to you and your family:

_____ I certify that I have permission/clearance from my doctor and will not hold BMB for any injuries sustained from participating in any classes.
 _____ I understand and agree that this Release of Liability Agreement covers each and every training activity and event in which I participate.
 _____ I give permission to BMB to take me and/or my child to a hospital emergency room or doctor to obtain medical treatment if necessary.

BMB has the right to assess whether I or my child are fit to participate in any of the Body classes. No refund is given for classes which I decide to disenroll. I give permission for my child or I to be photographed or recorded during activities and for such photographs to be displayed by BMB in any medium whether now or hereafter known or developed.

Payment Options: I agree to pay the Grand Total now and Future Monthly Payment via the following method:

- Check one:**
- Automatic Credit/Debit Card - I authorize BMB to charge the Grand Total and future monthly payments to my card.
 - Check - Payable to BMB (billed monthly)
 - EFT - I authorize BMB to deduct the Grand Total and future monthly payments from my bank account.

Credit/Debit Card #: _____ Checking Account #: _____

Visa / MC AMEX Expiration Date: _____ Routing number: _____

Name as it appears on Card: _____ Bank Name: _____

Signature: _____

Print Name: _____ Date: _____