



## Fun Fit Decatur Kids

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### Registration Form

Child's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Please circle one or both sessions: **Tuesday** Oct. 29-Jan. 21 or **Friday** Nov. 1-Jan. 21

Parent's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Authorized Adult to Pick Up My Child: \_\_\_\_\_

Email: \_\_\_\_\_

#### Health Information:

Please describe any important facts about your child's physical and emotional health that we should know. Examples: medications, asthma, diabetes, heart condition...etc.

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#### Allergies:

Examples: food, bee stings, and ant bites...etc.

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#### Any other health conditions not listed?

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#### Medical Release:

I authorize medical treatment for the above-named child in the event of any injury or illness. Children will be taken to Egleston Hospital. I realize that I, the parent, am responsible for payment for the emergency medical treatment.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_