

**Koinonia School of Sports, Inc.**  
**P.O. Box 321, Rte. 21, Thompson, CT 06277 (860) 928-6420**  
**Children's Programs Registration Form 2014-2015**  
www.koinoniafitness.com

Please check the program(s) you are registering for:

Swim Lessons    Day Camp    Gymnastics    Swim/Gym Combo    Karate    Other

Session # 1   Start Date: \_\_\_\_\_ Level: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Dep: \_\_\_\_\_  
Session # 2   Start Date: \_\_\_\_\_ Level: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Dep: \_\_\_\_\_  
Session # 3   Start Date: \_\_\_\_\_ Level: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Dep: \_\_\_\_\_  
Session # 4   Start Date: \_\_\_\_\_ Level: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Dep: \_\_\_\_\_  
Session # 5   Start Date: \_\_\_\_\_ Level: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Dep: \_\_\_\_\_

\* A \$20 non-refundable deposit is due at time of registration to secure your child's spot in the class.

1. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
2. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
3. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Ph#: \_\_\_\_\_ Cell Ph#: \_\_\_\_\_

\*E-mail address: \_\_\_\_\_

Non-refundable \$20

Total Due: \_\_\_\_\_ Deposit: \_\_\_\_\_ Bal. Due: \_\_\_\_\_ Payment: \_\_\_\_\_ Date: \_\_\_\_\_

Identify any known medical or emotional illness or disorder that would currently pose a risk to others or which would currently affect the individual's functional ability to participate safely in our program stated above.

**Release Form**

Any person attending Koinonia School of Sports, Inc. using the facilities, taking a class, attending a field trip, or using the equipment therein, does so at his/her own risk. Koinonia School of Sports, Inc., Thompson Police Athletic League, (P.A.L.), its owners and agents shall not be liable for any damages – personal or to property – arising from personal injuries or property damages sustained by members, guests or participants, in, on, off, or about the premises of Koinonia School of Sports, Inc. It is clearly understood that physical activity of any kind can cause serious injury or even death. The participants, which includes observers, hereby release Koinonia School of Sports, Thompson P.A.L., the owners, employees and agents from any and all claims, demands, damages, rights or actions or cause of actions, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of any loss caused by an accident. If any part of this release is deemed void by any judicial body, that declaration does not affect the remainder of the release. I have read and understand, accept and voluntarily sign the foregoing waiver, assumption of risk and release form on this day.

**X Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Coverage (Provided by Parent/Guardian)**

Due to the extreme cost that would be passed on to our clientele, in the form of higher tuition for all, I accept the responsibility of providing coverage for the individual that I register at Koinonia School of Sports, Inc. I am enrolling \_\_\_\_\_ in the program stated above and I understand that physical activity entails a certain amount of risk toward bodily injury. I have read, understand, accept and voluntarily sign the forgoing waiver, assumption of risk and release form on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Medical Insurance Policy Name and ID#: \_\_\_\_\_

**X Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Staff Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_