



# Diaper-Fit & Toddler-Fit Registration Form

1. Complete and sign this form.
2. Scan and email, or fax to H2O~FIT.

Email: h2ofit@rogers.com  
 Fax: (416) 445-3339 Tel: (416) 449-0900  
 Address: 34 Laurentide Drive. Toronto, Ontario M3A 3C7

*Office Use Only*

Session: \_\_\_\_\_

Date rec'd: \_\_\_\_\_

- Conf. rec'd  
 Db  
 Elevon  
  Westin waiver

Name: \_\_\_\_\_

Circle **8-week session** and **location**. Enter **class day/time**:

Phone: \_\_\_\_\_

- 

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

- 

Child's first name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Provide details of any health conditions:

Class day/time #1 choice: \_\_\_\_\_

Class day/time #2 choice: \_\_\_\_\_

\_\_\_\_\_

Class day/time #3 choice: \_\_\_\_\_

\_\_\_\_\_

## Credit Card Payment Authorization

**Credit Card Type** (*circle one*)      Mastercard      Visa

**Credit Card Number** (please print clearly) \_\_\_\_\_

**Expiry Date** \_\_\_\_\_

**Cardholder name** (*as it appears on the card*): \_\_\_\_\_

**Billing Address for credit card:** \_\_\_\_\_

\_\_\_\_\_

I hereby authorize H2O~FIT to charge the amount of \$149.00 for diaper-fit classes (including H.S.T.) during the eight week session indicated above. Fees will be charged to credit card on the 15th day of the month preceding the class session.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Waiver of Liability

I agree to forever release, discharge, full indemnify and save harmless, H2O-FIT, its directors, employees, volunteers, business operators, agents and site property owners or occupiers (the "Organization"), and their assigns from any and all claims, demands and expenses whatsoever on account of damage to or loss of property, physical or mental injury or death.

I acknowledge my obligation to immediately inform the nearest employee of the Organization if I feel any pain, discomfort, fatigue, nausea or other symptoms that I may suffer during and immediately after my participation in athletic activities with the Organization. I understand that I may stop participation at any time, and I may be requested to stop by an employee of the Organization who observes any symptoms of distress or abnormal response.

I hereby affirm that I have carefully read, fully understand and agree to the above. I understand that this waiver is binding on myself and my Legal Representatives.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_