



PlatyKids Information Sheet

Child's Name: _____

Date of Birth: _____

List any allergies or medical history that we should be aware of:

Child's Name: _____

Date of Birth: _____

List any allergies or medical history that we should be aware of:

Child's Name: _____

Date of Birth: _____

List any allergies or medical history that we should be aware of:

Mother's Name: _____

Home Phone: _____ Work Phone: _____

Father's Name: _____

Home Phone: _____ Work Phone: _____

Emergency Contact:

Name: _____ Phone: _____

Physician: _____

Address: _____ Phone: _____

I have received and read Platypus PlatyKids Rules & Regulations Form.

Signature of Parent:

_____ Date: _____



PlatyKids Information Sheet

PlatyKids Liability Release Form

Name: _____

Address: _____

Name of Child(ren)

_____ Date of Birth: ____/____/____

_____ Date of Birth: ____/____/____

_____ Date of Birth: ____/____/____

The undersigned does hereby release Platypus Fitness Center, its officer, agents and employees from any and all liability, of any kind whatsoever arising out of any physical or mental injury incurred or sustained by the undersigned son(s) and/or daughter(s) named above while he/she participates in any program while at Platypus Fitness Center facility and this includes any injury sustained while using any equipment provided by Platypus Fitness Center. The undersigned acknowledges and affirms that he or she has carefully read this released and has asked and obtained a satisfactory explanation of any part that he or she does not understand.

Signature: _____ Date: _____



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Platypus Fitness Center
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