



## 2025 Strength and Conditioning Program

### Registration Form

Name:		Medicare #:
Date of birth:     /     /		E-mail:
Address:		Postal code:
Team in 2024-2025:		Category:
Position:	Height:	Weight:
Name of father:		Phone #:
Name of mother:		Phone # (if different):
Emergency contact person (1):		Phone #:
Emergency contact person (2):		Phone #:
Participant cell: (will only be used for last minute notifications)		Phone#:
Special Medical Needs (allergies):		

Along with your registration form, please enclose your payment if paying by cheques or send e-transfer @ [bizzfitness.ca@gmail.com](mailto:bizzfitness.ca@gmail.com) right away to secure your position. **Cheques are made payable to FitKids.** Participants have the option of paying in one lump sum or following the payment schedule. **All post-dated cheques must be included in order to process your application.** Please send your registration to BizzFitness, 594 Maple Street, Fredericton, NB, E3A 3R9 or bring it with you to 688 Prospect. BizzFitness will not be held liable for any injury or loss of property of a participant for the duration of the program. Upon registration of an athlete, the parent and/or guardian releases BizzFitness, its staff and directors from responsibility and claims resulting from any loss or damage. Participants may be held responsible for the destruction or loss of any property.

Name of participant (print) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents/Guardian signature: \_\_\_\_\_