



2026 Strength and Conditioning Program

Registration Form

Name:		Medicare #:
Date of birth: / /		E-mail:
Address:		Postal code:
Team in 2025-2026:		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 include payment if paying by cheque, or send an e-transfer to **bizzfitness.ca@gmail.com** to secure your spot. Cheques should be made payable to **FitKids**.

Participants may choose to pay in full or follow the provided payment schedule. If using post-dated cheques, all cheques must be submitted at the time of registration.

Completed registrations can be mailed to **BizzFitness, 594 Maple Street, Fredericton, NB, E3A 3R9**, or brought in person to **688 Prospect Street**.

BizzFitness is not responsible for any injury or loss of personal property during the program. By registering, the parent and/or guardian agrees to release BizzFitness, its staff, and directors from any claims related to injury, loss, or damage. Participants may be held responsible for any damage to or loss of property they cause.

Name of participant (print) _____ Date: ____/____/____

Parents/Guardian signature: _____