

# ***FIT2Order's*** **FIT Family Night!**



It's Time to Register for a  
**FREE FAMILY  
DEEP RUN**  
wellness event....

**When:** February 7, 2017

**Time:** 6 - 8 pm

## **Highlighted Stations To Include:**

- Kid Friendly Boot Camp
- Karate
- Zumba
- Yoga
- Dance Party Finale
- Parent Nutritional Workshop
- Wellness Tables



**A PARENT OR GUARDIAN MUST ACCOMPANY CHILDREN TO THE EVENT.**

**PARENTS AND STUDENTS COME DRESSED TO EXERCISE TOGETHER!!**

To register for the event, go to [www.fit2order.com](http://www.fit2order.com), hover over programs for drop down menu and select registration, click on the FIT Family tab at the top and scroll down to FIT Family Deep Run register now. On registration form, please also click on **ADD ADDITIONAL REGISTRANT** to include all family members attending. For more information , please contact Carmesha Young

at [president@drespta.org](mailto:president@drespta.org) or 410-799-0242



# FIT Family Night Registration Form

Fit2Order, LLC

303 West Allegheny Avenue | Towson, MD 21204

fit2order.com

Parent's Name(s): \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Other Attendee Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

## Emergency Contact

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

### Please Read this form carefully and Sign Below:

In signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability, and be waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with FIT Family Night.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against **FIT2Order**, **HCPSS** and each school's **PTA** including its vendors, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

PLEASE SIGN.

\_\_\_\_\_  
(Participant's Name and Signature)

\_\_\_\_\_  
(Date)