



REGISTRATION FORM

Please complete the form below. Mail the completed form and payment to Fitness In Transit, 686 Poirier Street, Oakland CA 94609. If you have any questions, please call Fitness In Transit at (510) 325-8725.



Child's Name : _____ DOB: _____

Medical Conditions/Allergies: _____

Parent's Name : _____

Address: _____

Phone (Day): _____ (Evening): _____ (Cell): _____

Email: _____

School: _____ Grade/Class: _____

FIT class you would like to register for: _____ Time: _____

After class student: Will be picked up by: _____ Or will go to: _____

Signature * _____

Amount Enclosed \$ _____ (please call FIT @ 510.325.8725 for the amount)

* I hereby understand that my child, while enrolled in Fitness In Transit, is covered for liability insurance under Markel Insurance Company. This pays over and above what my insurance does not cover. I understand that fees are due and payable prior to the first day of each session. A 15% late fee will be charged for all past due payments of 14 days or more. I will notify FIT two weeks in advance of my child's last class.

Check here to automatically re-enroll your son or daughter in each session. To discontinue a class, written notification must be given to our office two weeks in advance.

MAKE CHECKS PAYABLE TO FITNESS IN TRANSIT (FIT)

Please include child's name and school on your check.