



Feet First Foundation – Summer Session

Instructions

Please ensure the form is completed in full and email it to **Chelsea@feetfirstnp.org**.

Once your form is received, you will receive a confirmation email along with an invoice for the month(s) you selected. After your payment is processed, you will receive a welcome email, and your membership will be activated

Membership Details

- Classes are held twice a week (Tuesdays and Thursdays from 4 PM to 5 PM).
 - Monthly fee: **\$80** (covers both weekly sessions).
 - Payment is due by the 1st of each month.
 - Invoice for monthly membership will be emailed via paypal.
 - Entire summer cost is a one time charge of \$180 (save \$20!).
 - June will be at a reduced rate of \$40 for the half month sessions.
 - All Youth must be between 12 and 17 years of age.
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Personal Information

Child's Full Name: _____

Date of Birth: ____ / ____ / ____

Age: _____

Parent/Guardian Contact Information

Guardian Full Name: _____

Relationship to Child: _____



Phone Number: _____

Email Address: _____

Home Address:

Emergency Contact (Other than Guardian)

Name: _____

Phone Number: _____

Relationship to Child: _____

Things We Should Know About Your Child

(Please list allergies, medical conditions, behavioral notes, or anything that would help us better support your child.)

Release of Liability and Waiver of Claims

By signing below, I acknowledge and agree to the following:

- I understand that physical activity may carry a risk of injury, and I assume all risks associated with my child's participation in the Feet First Foundation Summer Program.
- I hereby release and hold harmless Feet First Foundation, its staff, volunteers, and affiliated parties from any and all liability for injuries, claims, or damages that may arise from my child's participation.
- I confirm that my child is physically fit to participate in physical activities.



- In the event of an emergency, I authorize the program staff to seek medical treatment for my child as necessary.
- I agree and acknowledge that the session location at FightKore Boxing Gym, 880 Howe Road, F, Martinez CA 94553 is not liable or responsible for the Feet First Summer sessions and is not liable for anything that takes place during the classes.
- I understand that my child's transportation to and from these classes are the guardian's responsibility and the child needs to be picked up or have transportation from the class once it is over at 5pm and may not remain on site past the session time.

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

Summer Session Schedule & Pricing

Please select the month(s) you would like your child to participate:

- ☐ **June** – \$40 (half-month rate)
- ☐ **July** – \$80
- ☐ **August** – \$80
- ☐ **Entire Summer (June, July & August)** – \$180 (Save \$20!) *one-time charge*

Note: If selecting the "Entire Summer" option, do not check individual months.

Payment Authorization

By signing below, I authorize Feet First Foundation to charge the payment method provided for the selected session(s).

- For monthly selections, I understand that the charge will occur on the **1st of each participating month**, unless a written notice of cancellation is provided at least 7 days prior to the next billing cycle Sent to Chelsea@feetfirstnp.org.



- For the **one-time full summer payment**, I authorize the full \$180 to be charged immediately upon registration. (only if the full summer was selected)
- I agree to keep my payment method up to date and understand that failed payments may result in suspension of participation until resolved.
- I agree that my child will sign in to every session and there are not make up classes or credits for missed classes at this time.

Payment processing is handled securely. Full card information will be collected separately or via our secure online system.

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

Photo/Video Release

I acknowledge that by entering the Feet First First Summer Program that photos and videos will be taken for marketing purposes.

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____