



**2026-2027 SOAR  
Registration Form  
TNT Kid's Fitness & Gymnastics**

www.tntkidsfitness.org  
Phone: 701-365-8868 Fax: 701-365-8870  
Email: kidscomefirst@tntkidsfitness.org

*Form must be filled out in its entirety with all signatures. Please FILL OUT and RETURN TO TNT.*

**Child 1**

**Name:** \_\_\_\_\_  
(First) (Last)

**Birth Date:** \_\_\_\_\_

**Grade 2026-2027:** K 1 2 3 4 5

**Circle One:** Male Female

**Does your child have an IEP at school?** YES NO

*If you circled yes, our childcare director will reach out to discuss your plan.*

**Medical Information:** physical / psychological disabilities,  
chronic ailments, special needs, and or/allergies

\_\_\_\_\_  
\_\_\_\_\_

**Child 2**

**Name:** \_\_\_\_\_  
(First) (Last)

**Birth Date:** \_\_\_\_\_

**Grade 2026-2027:** K 1 2 3 4 5

**Circle One:** Male Female

**Does your child have an IEP at school?** YES NO

*If you circled yes, our childcare director will reach out to discuss your plan.*

**Medical Information:** physical / psychological disabilities,  
chronic ailments, special needs, and or/allergies

\_\_\_\_\_  
\_\_\_\_\_

**School Attending**

*Please circle the school your child(ren) will be attending during the 2026-2027 school year.*

|                 |                     |                     |                   |                 |                    |
|-----------------|---------------------|---------------------|-------------------|-----------------|--------------------|
| <b>Aurora</b>   | <b>Freedom</b>      | <b>L. E. Berger</b> | <b>Meadowlark</b> | <b>South</b>    | <b>Willow Park</b> |
| <b>Eastwood</b> | <b>Independence</b> | <b>Legacy</b>       | <b>Osgood</b>     | <b>Westside</b> |                    |

**Parent / Guardian Information**

**Primary Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
(First) (Last)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Secondary Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
(First) (Last)

**Email Address:** \_\_\_\_\_

**Financial Agreement**

I understand TNT Kid's Fitness' preferred method of payment is through automatic payments with either a checking, savings, or credit card account on secure file and charges will be processed on the first day of each month.

If I choose to not use automatic payments, my payment is due prior to the first day of each month.

I understand I must notify TNT prior to the end of the month if I wish to drop enrollment for the following month.

**Parent/ Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_

Check this box if you will be using CCAP to pay ☐



# Individual Waiver

## TNT Kid's Fitness & Gymnastics

**ASSUMPTION OF RISK, WAIVER OF LIABILITY:** In consideration for allowing my child(ren) to participate at any facilities used by TNT Kid's Fitness, I, on my behalf of my child(ren) and as legal parent/guardian, I recognize what potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling & trampoline, birthday parties, special events & activities including camps, parent participant activities and any and all other programs offered at TNT Kid's Fitness. I further recognize that participation in these activities could result in my child(ren)'s exposure to illness and communicable diseases including but not limited to MRSA, influenza, and COVID-19. Preventative measures and personal discipline may reduce the risks of exposure, however, I understand the risk of serious illness including death does exist. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all TNT Kid's Fitness programs and activities and I ACCEPT ALL RISKS associated with that participation.

**PHOTO RELEASE:** By your attendance in class or events with TNT, you are granting your permission for you and your child(ren) to be filmed, videotaped, audio taped, or photographed by any means and are granting full use of your likeness, voice, and words without compensation.

**TRANSPORTATION:** In the event that transportation is provided to an activity at TNT Kid's Fitness, I hereby give permission for my child(ren) to travel to and from those activities in the vehicle provided and agree not to hold TNT Kid's Fitness, its directors, officers, agents, or employees liable for any accident or injury suffered or contracted in connection with such travel.

**MEDICAL:** In the event of an emergency, I authorize the team at TNT to take whatever steps may be necessary to obtain medical care as needed. These steps may include: attempting to contact parents/guardians or emergency contacts, administering First Aid/CPR to the best of our ability, and or calling 911 and following their recommendations which may include transporting to an emergency hospital. If my child is taken to a hospital for medical treatment I hold TNT Kid's Fitness and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child ward as a result of any injury sustained while participating at or for TNT.

Child/ Ward Name: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**I have read and understood this  
ASSUMPTION OF RISK, WAIVER OF LIABILITY & MEDICAL AUTHORIZATION.**

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **eCheck/ACH/Debit or Credit Card** **Recurring Payment Authorization Form**

Date: \_\_\_\_\_ I, \_\_\_\_\_ (print name)  
authorize TNT Kid's Fitness to charge my financial account listed below, on the 1st or next business day  
of each month or as stated on the Parent Agreement & Consent form (NBS/SODC).

Bank Name: \_\_\_\_\_

Bank Account Type:    ☐ Checking        ☐ Savings        ☐ Business Checking

Bank ABA Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

**-----OR-----**

Debit    or    Credit    Card (Circle one)

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 or 4-digit card verification code: \_\_\_\_\_

Billing Name & Address as appears on statement:

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

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

This payment authorization is valid & will remain in effect unless I, \_\_\_\_\_  
notify TNT Kid's Fitness of its cancellation by sending notice by email [janine@tntkidsfitness.org](mailto:janine@tntkidsfitness.org) or fax  
701-365-8870 or mail 2800 Main Avenue, Fargo ND 58103

Customer Name Printed: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out & submit (if completing online) or attach a voided check below (if applicable) & fax to 701-365-8870, mail, or drop off form in person. In order to maintain security compliance, TNT does not allow payment information to be submitted via email. For your additional security, any payment information submitted by paper is destroyed upon entering into our secure database. As always, your payment information entered via TNT's parent portal is security compliant.

