2026-2027
TNT Competitive Programs
Registration Form

2800 Main Ave Fargo, ND 58103
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

Athlete

Athlete Name: _____
(First) (Last)

Birth Date: _____

Level: _____ Start Date: _____

Parent / Guardian Information

Primary Parent / Guardian Name: _____
(First) (Last)

Phone Number: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent / Guardian Name: _____
(First) (Last)

Phone Number: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____
(if different than primary parent/guardian)

Emergency Contact (Other than Parent/ Guardian)

Emergency Contact: _____ Phone Number: _____
(First) (Last)

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 notifiy 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: _____

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: _____

TNT Competitive Program Handbook

Parent / Guardian Acknowledgment Agreement

I have received and reviewed, with my athlete(s), the 2026-2027 TNT Competitive Program Handbook. I agree to support the mission of the TNT Competitive Staff, the TNT Competitive Program, and it's athletes. I understand and agree to abide by all policies and procedures outlined in the handbook.

I understand I am responsible for all financial obligations associated with having an athlete in the TNT Competitive Program and will make all payments on time, as listed. I understand if I decide to withdraw my athlete(s) from the program understand if I decide to withdrawal my athlete(s) from the competitive program at any time, I must complete a "Drop Enrollment" form and return to the coaching staff as outlines in the handbook to effectively stop my auto-payment for monthly tuition and fees.

I have read and understood and agree to abide by the policies and procedures in the TNT Competitive Handbook.

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____ Date: _____

Athlete Acknowledgment

I have received and reviewed, with my parent/ guardian, the 2026-2027 TNT Competitive Program Handbook and understand the expectations of an athlete within the Competitive Program at TNT. I agree to represent TNT, the competitive program, and myself as an athlete to the best of my abilities by always putting forth my best efforts, keeping a positive attitude, respecting my coaches, and displaying proper sportsmanship inside and out of the gym. I will support and encourage my teammates as we work together to achieve our goals.

Athlete Name: _____

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 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.