

To register your child please complete the following form and return to Calgary Youth Physiotherapy South Office:

**Class Name (Please Circle):** Jump Start / Fit with Friends / Strong Together

**Session (Please Circle):** Fall and/or Winter

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Alberta Health Care Number:** \_\_\_\_\_

**AGREEMENT WITH CALGARY YOUTH PHYSIOTHERAPY**

Please sign each part of the following agreement. Parent or guardian to sign if registrant is under 18 years of age:

**CONSENT:**

I consent to participation in physical therapy class sessions. \_\_\_\_\_

**CANCELATION:**

**I am aware of the cancelation policy for the classes. In all circumstances, a fee of \$30 will be charged for cancelation or non-attendance EVEN IN THE EVENT OF ILLNESS.**\_\_\_\_\_

In order to run these classes, the clinic is not open to other clientele and is specifically for the use of the class registrants. In addition, two full time physiotherapy staff members and an assistant are scheduled during these hours exclusively for the classes. Alberta Health Services only contributes funds for the running of these classes when the client attends. **Therefore, in all circumstances, a fee of \$30 will be charged for cancelation or non-attendance even in the EVENT OF ILLNESS.**

\_\_\_\_\_ (Parent/Guardian if patient under 18yo)

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