

## Mark at the Park, Inc. TOTAL HEALTH AND FITNESS PROGRAM



PH: 954-822-7265 • Email: mark@markatthepark.net Visit us at www.facebook.com/markatthepark

## Application Form (Please print and clearly write phone #'s)

Name	Bir	th Date	Age:		
Cell Phone(s)	Emergency Phone				
Email:					
GradeTeacher/	School				
claims for damage against Ma	rk at the Park, Inc. and its	representatives. Fu	by discharge any and all rights and rthermore, I certify that the named ark, Inc. to seek emergency medical		
and, in consideration of being from any liability for personal in undersigned agrees to indemn	allowed to engage in the njury or property damage ify and hold all parties ha	activities, agrees to ir caused by participati rmless from any and	issumes the element of inherent risk indemnify and hold all parties harmless on in this activity. Further, the all costs incurred including, but not int to be photographed for promotional		
Parent Name (Please Prin	t)				
Parent Signature				_	
Program Duration: Monthly (Renew each month)  Monday thru Friday: 1:50 - 3:00pm					
Please mark the program package with an ( X ) and circle the days you want in that package.					
Each package is for the	e entire month.				
Five Day Fit:			\$150.00 a month per	child.	
Four Day Fit:	Choose 4 days:	M- T - W - TI	<b>H - F</b> \$135.00 a month per	child.	
Three Day Fit:	Choose 3 days:	M - T - W - T	'H - F \$125.00 a month per	child.	
Two Day Fit:	Choose 2 days:	M - T - W - T	H – F \$100.00 a month per	child.	
One Day Fit:	Choose 1 day:	M - T - W - T	H – F \$60.00 a month per o	child.	
PAYMENT DUE: FIRST OF THE MONTH via Zelle to 954-822-7265 or Venmo @Mark-Logsdon-3 or					
pay online at www.markatth	pay online at <u>www.markatthepark.net</u>				

NO Total Fitness Program on Early Release, Planning Days, or Holidays
You may makeup any day cancelled due to the weather.

Pick up at 3:00 is in the park parking lot.