



Cardio Kool Kids is the latest craze in kids' dance & fitness!!

- *Kickboxing*Strength Training*Sports Drills*Journaling
- *Hip-Hop Dance *Healthy Life Tips

Class is on Wednesdays, 2:30pm-3:30pm, \$195, and includes:

- *13 hours of instructional time *Journal and Pen
- *A Set of Hand Weights *A CKK T-shirt *A CKK Car Magnet

Creator and Instructor, Amy Head, is a former Tritt parent, an ACE Certified Fitness Instructor, a certified ZUMBA Instructor, and has been in the dance and fitness industry for over 20 years. She is a Licensed Clinical Social Worker in private practice here in Marietta! **Register today!! Questions? Call Amy Head at 404-229-4993!**

CARDIO KOOL KIDS ~ ORIGINAL Registration Spring 2012

Wednesdays, 2:30pm-3:30pm; Location: GYM; January 25, 2012-May 2, 2012; Cost: \$195 per student

(Dates: 1/25, 2/1, 2/8, 2/15, 2/22, 2/29, 3/7, 3/14, 3/21, 3/28, 4/11, 4/25, 5/2)

(NO CLASS 4/4-Spring Break; 4/18-CRCTs)

Student Name _____ Age _____ D.O.B. _____ T-shirt size _____

Grade _____ Teacher _____ Emergency Contact Name/Phone _____

Responsible Party _____ Email _____

Phone (H) _____ (W) _____ (C) _____

Mailing Address with Zip Code _____

Previous Dance/Fitness Experience _____

Allergies/Physical Restrictions _____

After class, my child will ___ attend ASP ___ be picked up at car pool

*Please note that car poolers will go to ASP if they are not picked up within 10 minutes after the class ends.

I hereby agree to release and hold harmless the Tritt Elementary School and Tritt Tiger Foundation, its officers, trustees, and representatives and *Cardio Kool Kids*, its employees and representatives, from any responsibility, loss, liability, damage or costs which Participant may incur in this after school program whether caused by the negligence of Tritt and/or *Cardio Kool Kids*, the negligence of Participant and/or others, or due to accidental occurrences. In the case of injury or medical emergency involving Participant, if a parent or guardian cannot be reached, I give the *Cardio Kool Kids* program representative(s) permission to seek appropriate first aid or medical care and I agree to be fully responsible for the cost of any services provided. Party/Relationship _____ Date _____. **Please return form/payment to the Tritt office or mail to Amy Head, 2753 Eagle Ridge Road, Marietta, Georgia 30062. **Make checks payable to Cardio Kool Kids, Inc.**