ARENA KIDS

Monday July 6, 2026

The Arena Kids offers children ages 5 - 11 years old an opportunity to participate in structured games and fun activates during peak workout hours for moms and dads. Parents will know that while they are getting a great workout, their child will have lots of fun while being active and socializing with friends!

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:30am - 11:30am				
GAME ROOM OPEN	COURT & TRAMPOLINE/ GAMES & ACTIVITES	RECREATIONAL POOL	COURT & TRAMPOLINE/ GAMES & ACTIVITES	GAME ROOM OPEN
5:30pm - 7:30pm				
COURT & TRAMPOLINE/ GAMES & ACTIVITES	COURT & TRAMPOLINE/ GAMES & ACTIVITES	COURT & TRAMPOLINE/ GAMES & ACTIVITES	COURT & TRAMPOLINE/ GAMES & ACTIVITES	

Check-In/ Pick-Up Location: Check-in is at each location. Please pick up child promptly at the end of class at that day's activity location.

Trampoline & Court Games: PM Children will play/jump on the trampoline from 5:30-6:30pm. They will then play age appropriate court games from 6:30-7:30pm

Pool Days: Children who have passed the swim test can use the water slides and diving board. Children who have not passed the swim test must be able to stand independently in the shallow end (three and a half feet) without assistance or flotation device in order to participate in pool activities. Please make sure your child is already dressed for swim and has a towel.

Game Room Open: AM Children will play in the newly renovated game room/nursery Monday and Friday from 9:30-11:30am.

For More Information Contact, Children's Director: Amy Carr
acarr@thearenaclub.com
410-734-7300

the Arena club

Program Registration Form

NAME OF PROGRAM: _____

DAY(S) OF PROGRAM: _____ DATE(S) OF PROGRAM: _____

PARTICIPANT'S NAME: _____ MEMBER: Y N

AGE: _____ DOB: ____ / ____ / _____ GENDER: Male Female

PARENT NAME (if participant is under 18): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME #: _____ CELL #: _____

EMAIL: _____

EMERGENCY CONTACT: _____ CELL # _____

HEALTH INFORMATION: Please list any special needs, medical or behavioral conditions, or medications that we need to be aware of to ensure your child's safety (allergies, asthma, etc.)

_____

_____

RELEASE: I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but not limited to exercise classes, cardio, strength equipment, pools, field activities) shall be undertaken by me at my sole risk. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees or agents. I understand that I must be a current member in good standing at the time of service to receive member discount. I understand that all images (photographic and video) taken can be used in future marketing.

_____ _____

Signature / Parent or Legal Guardian must sign if participant is under 18 Date

PAYMENT INFORMATION:

TYPE OF PAYMENT: ____ CHECK ____ CASH ____ CREDIT CARD (Visa & MC accepted)

VISA / MC # _____ EXP: _____

AMOUNT PAID: _____ DATE PAID: _____

Staple Receipt Here ←