

# PROGRAM REGISTRATION FORM

# sport&health

Club Name: \_\_\_\_\_

Participant's Name \_\_\_\_\_  Member  Nonmember

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## PAYMENT

Program Name \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

Type of Payment:  Cash  Check (# \_\_\_\_\_)  Credit Card  Card on file

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*RELEASE: Participant understands that engaging in Club programs and activities and other physical activities in the Club premises involves certain risks, including, without limitation, death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attacks, and injury to bones, joints, or muscles. Participant confirms that Participant is voluntarily participating in Club programs and activities and other physical activities in the Club with knowledge of the dangers involved. In consideration of making facilities and/or services available, Participant hereby for and on behalf of Participant and Participant's heirs and legal representatives, releases US FITNESS HOLDINGS, LLC and its principals, contractors, affiliates, subsidiaries, employees, equity holders, directors, managers, members, officers, agents, representatives, guests and invitees from any and all claims and demands of every kind, nature and character which Participant may have or hereafter acquire for any and all damages, injuries or losses which may be suffered or sustained by Participant in connection with any Club program or activity.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Participant is under the age of 18, please complete: DOB (MM/DD/YYYY) \_\_\_\_\_ Grade \_\_\_\_\_

Emergency Contact if parents cannot be reached:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relation to Child \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Allergies or Medical needs \_\_\_\_\_

List names approved to sign out your child:

1. \_\_\_\_\_ Relation to Child \_\_\_\_\_

2. \_\_\_\_\_ Relation to Child \_\_\_\_\_