



## FITNESS PLUS PROGRAM REGISTRATION FORM

(Please Print)

2-18

Participant's Name:	Age:	Participant's Membership: <input type="checkbox"/> Member (# _____) <input type="checkbox"/> Member Affiliate <input type="checkbox"/> Non-Member	
Parent/Guardian's Name:	Contact Number (    )	Email (if not on record):	
Program/Event:	Date/Time of Program/Event:		
Swim Level (if swim lessons)			
<b>NON-MEMBER ADDITIONAL INFORMATION</b>			
Address:	City:	State:	ZIP Code:
<p>The undersigned acknowledges and accepts the risk inherent in the use of Fitness Plus services and facilities for themselves and/or their child. By use of Fitness Plus facilities and services, the participant hereby voluntarily assumes the risk of injury, accident, death, loss, cost or damage to his or her property, which might arise from the use of Fitness Plus services and facilities. The participant and his or her heirs, executors, representatives or anyone claiming under him/her hereby release Fitness Plus from all claims or liabilities for personal injury or property damage of any kind sustained by the participant while on the premises of Fitness Plus, even if such injury, accident, death, loss, cost or damage is the result of the negligence of Fitness Plus or any of its members, employees or agents. The participant further agrees to hold Fitness Plus harmless and indemnify Fitness Plus against any such claim regardless of the cause. I grant permission to all the foregoing to use photographs, motion pictures, recording and other record of this program for any legitimate purpose.</p> <p><b>My signature below indicates that I have read and understand the foregoing and that I do hereby accept it in its entirety.</b></p>			
Parent/Guardian Signature:		Date:	
<b>FOR STAFF USE</b>	AMOUNT PAID:	DATE:	RECEIVED BY:
PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____            CREDIT CARD: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover			