



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. No refunds will be issued for any partial, unused or unattended programs, any questions must be directed to the program manager.

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
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