



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
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