



# 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  
←