



PROGRAM REGISTRATION FORM

Participants may register by fax, or in person. Please use one form per class and participant. Program fees are non-refundable. Please see Manager on Duty should situations arise that you cannot participate in your class. Thank you.

PROGRAM/CLASS INFORMATION, PLEASE COMPLETE

Date: _____	Activity Code: _____
Program/Class Name: _____	
Day(s): _____	Time: _____
Fee: _____	
Is Participant a Athletic Club Member?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Member #:	_____

Name: _____

Guardian's Name (if applicable): _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W): _____ (C): _____

Emergency Contact: _____ Phone: _____

Method of Payment: (circle one) Check Cash AC Account Visa MasterCard Amex Discover

Card Number: _____ Exp. Date: _____

Member Account # (if applicable): _____

Amount Due: _____

Signature if payment is on an Credit Card or AC Account

In consideration of my participation in the activities at the Facility managed by MVP Sports Clubs, I hereby, for myself and each of my associates and my and their respective heirs, assigns, and legal representatives, release and forever discharge the Facility and all its affiliated organizations, officers, agents, employees, acting officially or otherwise, from any and all claims, demands, actions, or causes of action on account of my death or on account of any injury to me, which may occur from any cause during such participation and/or use of the Facility. This agreement does not cover claims, demands, actions, or causes of action arising from the willful or wanton negligence of the Facility or its officers, agents, or employees.

I/We have read the above waiver and release and acknowledge that I/we give up substantial rights by signing it and sign it voluntarily.

Participants Signature _____ Date _____ Printed Name of Participant _____

Parent/Guardian Signature/Relationship (if participant is under 18 years old) _____ Printed Name of Parent/Guardian _____