

SLOCAN FITNESS CENTRE
REGISTRATION FORM

Name: _____

Age: _____ Phone No.: _____

Address: _____

Email address: _____

Would you like to be informed of upcoming programs? _____

Any health/medical problems we should be aware of?

It is the responsibility of registrants in this Fitness Centre to seek medical advice regarding the suitability of the registrant for enrolling in this Fitness Centre.

In consideration of acceptance of my application for membership in the Slocan Fitness Centre, I the undersigned for myself, my heirs, executors and administrators, do hereby waive, remit and release any and all manners of actions, claims or demands which I may have against the Slocan Fitness Centre or their agents, representatives and successors.

Signature of applicant: _____

Signature of Parent/Guardian: _____

(if applicant is under 19 years of age)

Date: _____

Witnessed: _____