

# SQUASH

To register, fill out a Program  
Registration Form or contact:

Program Director:

Phone:

Email:

Visit [sportandhealth.com/sports](http://sportandhealth.com/sports)

**sport&health**

BETHESDA

4440 Montgomery Ave.  
Bethesda, MD 20814



DATE:

LOCATION:

TIME:

COST:

# sport&health | Squash Program Registration Form

For **AGES 18 & UNDER**, please fill this portion and complete Program information and Payment section (if applicable).

Participant's Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Level \_\_\_\_\_  Member  Nonmember

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact if parents cannot be reached:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relation to Child \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Allergies or Medical needs \_\_\_\_\_

List names approved to sign out your child:

1. \_\_\_\_\_ Relation to Child \_\_\_\_\_

2. \_\_\_\_\_ Relation to Child \_\_\_\_\_

**ADULTS OVER 18**, please fill this portion and complete the Program Information and Payment section (if applicable).

Participant's Name \_\_\_\_\_  Member  Nonmember

Level \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## PROGRAM INFORMATION and PAYMENT (If applicable)

Program Name \_\_\_\_\_ Club Location \_\_\_\_\_

Start/End Date \_\_\_\_\_ Day(s) \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

Type of Payment:  Cash  Check  MasterCard  
 Visa  AMEX  Discover

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RELEASE:

In consideration of making facilities and/or services available, I do hereby for and on behalf of myself and my heirs and legal representatives, release Sport&Health, its owners, managers and representatives from any and all claims and demands of every kind, nature and character which I may have or hereafter acquire for any and all damages, injuries or losses which may be suffered or sustained by me in connection with my activity.

Signature \_\_\_\_\_

I authorize Sport&Health Clubs to charge my account.

I authorize Sport&Health Clubs to auto-charge my account each month for this program.

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sportandhealth.com