



Nonmember Program Registration Form

Participant's Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

If Participant is under the age of 18, please complete:

Age _____ Grade _____

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 _____

PAYMENT

Program Name _____

Start Date _____ End Date _____ Start Time _____ End Time _____

Nonmember Annual Program Reg. Fee \$75

(unless proof of purchase validated)

Nonmember Program Fee \$ _____

Total Amount \$ _____

Type of Payment: Cash Check MasterCard

Visa AMEX Discover

Card #: _____ Exp Date: _____

Signature: _____ Date: _____

I authorize Sport&Health Clubs to charge my account.

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 _____

