



REGISTRATION FORM

TODAY'S DATE: _____

NAME (Last, First, MI): _____

PARENT/GUARDIAN NAME (if athlete is minor): _____

AVAILABILITY FOR TRAINING TIMES:

6:30AM – 7:45AM	Yes	No
8:00AM – 9:15AM	Yes	No
9:30AM – 10:45AM	Yes	No
11:00AM – 12:15PM	Yes	No

MAILING ADDRESS:

Street: _____ Apt _____
City: _____
State: _____

PARENT/GUARDIAN ADDRESS (If Different):

Street: _____ Apt _____
City: _____
State: _____

E-MAIL ADDRESS: _____

PHONE:

Home: _____ Cell: _____

PERSONAL INFORMATION:

Age: _____ GENDER: Male _____ Female _____

SHIRT SIZE (circle one): S M L XL XXL

SPORTS INVOLVED WITH: _____

PERSONAL GOAL FOR PROGRAM: _____

ANY CURRENT OR PAST HEALTH CONDITIONS OR INJURIES OF CONCERN: _____

EMERGENCY CONTACT INFORMATION: EMERGENCY PHONE:

Name: _____ Home: _____

Relation: _____ Cell: _____

Minor Agreement and Release of Liability and Information

Child's Name: _____

Parent/Guardian's Name: _____

1. In consideration of my son/daughter gaining membership or being allowed to participate in activities and programs of Healthworks of Sidney and Sidney Health Center and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Healthworks of Sidney and Sidney Health Center and their officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my son's/daughter's participation in any activities or my son's/daughter's use of equipment or machinery in the above-mentioned facilities or arising out of my son's/daughter's participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any liability for any injury or damage to my son/daughter in any way arising out of or connected with my son's/daughter's participation in any activities of Healthworks of Sidney and Sidney Health Center or the use of any equipment at Healthworks of Sidney and Sidney Health Center. **(Please initial _____)**

2. My son/daughter and I understand and are aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. My son/daughter and I also understand that fitness activities involve a risk of injury and even death and that my son/daughter is voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death for my son/daughter. **(Please initial _____)**

3. I do hereby further declare my son/daughter to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my son's/daughter's participation in any of the activities and programs of Healthworks of Sidney and Sidney Health Center or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my son's/daughter's participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that my son/daughter have a yearly or more frequent physical examination and consultation with his/her physician as to physical activity, exercise, and use of exercise and training equipment so that my son/daughter might have recommendations concerning these fitness activities and equipment use. I acknowledge that my son/daughter has either had a physical examination and has been given a physician's permission to participate, or that I have decided to allow my son/daughter to participate in activity and/or use of equipment and machinery without the approval of my son's/daughter's physician and do hereby assume all responsibility for my son's/daughter's participation and activities, and utilization of equipment and machinery in my son's/daughter's activities. **(Please initial _____)**

Parent's/Guardian's Signature

Date

Child's Signature

Date