

REGISTRATION FOR SWIM LESSONS

Section 1

Last Name _____ First Name _____ Phone _____

If you are a Non-Member, please continue to Section 2 If you are a Member please continue to Section 3

Section 2 - Non-Member Information

Street Address _____ City/State/Zip _____

Daytime Phone _____ Date of Birth _____ E-Mail _____

Emergency Contact Name _____ Emergency Contact Phone Number _____

Section 3 - Class Registration

Program Name	Package Purchased	Session Type	Please Circle:	Circle Member/Non-Member	Class Fee
	1 5	Adult Youth	Private Semi-Private	M / NM	

Total: _____

CONSENT FOR EXERCISE

I acknowledge that my participation at or use of the Wellness Center (TWC) facilities, aquatics, gymnasium, equipment, classes, Special Programs, any transportation provided by TWC, Kids Club, locker facilities and all other areas within TWC is of a voluntary nature with a risk of injury. I hereby assume all risks of injury which may result from or arise out of my participation at or use of TWC, and I agree on behalf of myself and my heirs, executors, administrators and assignees, to fully and forever release and discharge TWC and Northwest Community Hospital and its respective officers, directors, employees, agents, successors and assigns, and each of them (collectively, the "Releases") from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of my participation at or use of TWC. Further I hereby agree to waive any and all such claims, damages, demands, rights of action or causes of action. Further, I hereby agree to release and discharge the Releases from any and all liability for any loss or theft of, or damage to, personal property.

NON-MEMBER UTILIZATION POLICY: Participants signing up for session who are not members of The Wellness Center are welcome to utilize the locker areas up to 30 minutes prior to the session starting time and up to 30 minutes following the session ending time. Non-member participants must also check-in at the front desk.

REFUND POLICY: Refund requests must be submitted to the Fitness Manager accompanied with a physician's note. At that point the fitness management team of The Wellness Center will determine a refund.

24 HOUR CANCELLATION POLICY: If a cancellation notice is not received by the scheduled instructor at least 24 hours in advance of the scheduled session, the client agrees to pay for the full amount of the session. Initials _____

I acknowledge that I have carefully read this waiver and release and fully understand that it is a waiver and release of liability. Furthermore, I acknowledge that I have read the Special Programs policies.

Signature of Participant: _____

Date: _____

(or legal guardian if under 18)

Cash Check
 Check # _____
(Payable to The Wellness Center)

Credit Card - We accept Visa, MasterCard, Discover, & AMEX

Card Number: _____

Expiration Date: ____ / ____

House Charge

Signature _____

