

# PICKLEBALL Registration Form

(Training Sessions)

The Wellness Center Members and Non-Members



**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	Session Dates	Instructor Name	Days/Time	Circle Member/Non-Member	Class Fee
			M T W Th F S S Time: _____	M / NM	

**CONSENT FOR EXERCISE:**

I acknowledge that my participation at or use of the Wellness Center (TWC) facilities, aquatics, gymnasium, aerobic studio, 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 Healthcare 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, and 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 TWC 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 with a physician's note. At that point the fitness management team of TWC will determine a refund. Any cancellation requires 24-hour notice otherwise cancellation charge will occur.

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 Program policies.

Payment Options-Please choose one and fill out completely

Check  
 Check # \_\_\_\_\_  
 (Payable to The Wellness Center)

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

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

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

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