



After-School Youth Fitness Programs

CLASS REGISTRATION FORM

HOUSEHOLD INFORMATION

Mother/Guardian _____

Home Phone _____ Work/Cell Phone _____ eMail _____

Father/Guardian _____

Home Phone _____ Work/Cell Phone _____ eMail _____

Primary Address _____ City _____ State _____ Zip _____

Emergency Contact(s) _____ Emergency Phone(s) _____

PARTICIPANT INFORMATION

Name	Gender	DOB	Grade	Program Name/Description	Location	Start Date	Time

Please indicate if the following applies to any participant...

Any past/present medications? Reason(s)? _____

Any allergies (medicine, food, environment)? _____

Any past/present injuries or physical limitations that may affect your fitness/conditioning program? _____

WAIVER & RELEASE

I understand that physical fitness and conditioning involves vigorous and increasingly strenuous activities that by their very nature carry inherent risks that can not be eliminated regardless of the care taken to avoid injuries. As a participant with Gold's Gym, I understand that my child(ren) - the "Participant(s)" - may be involved with activities such as, but not limited to, weight lifting, various resistance machines and equipment, running, aerobic activities, and use of hard surfaces, all of which place stress on the cardiovascular and musculoskeletal systems, and carry a risk of injury. I understand that Gold's Gym does not provide medical insurance to its participants. I declare that the Participant's current physical health allows him/her to participate in such fitness and conditioning activities. I hereby assert that his/her participation is voluntary and that I knowingly assume all such risks of injury, no matter how serious.

In consideration of the Participant(s) being accepted as a Gold's Gym participant, I hereby release, waive, covenant not to sue, and forever discharge Gold's Gym, its management, partners, agents, volunteers, and employees (whether acting within the scope of their employment or not) from liability from any and all claims, demands, or causes of action relating to or arising from the Participant's presence at, or participation in activities related to Gold's Gym, which may result in personal injury or loss, property damage, or death. I declare that this release binds me, my heirs, executors, assigns, administrators, and personal representatives. I understand that this document is intended to be as broad and inclusive as permitted by the laws of Virginia and agree that if any portion of the Agreement is invalid, the remainder will continue in full and legal force and effect.

I represent that I am a parent/legal guardian of the child(ren) listed above and I agree that the terms of this release waiver are binding on me and them.

Signature of Parent/Guardian

Date