



PROGRAM REGISTRATION FORM

NAME:	POSITION:
AGE:	SHOOTS:
PREVIOUS TEAM:	STRENGTHS:
FUTURE TEAM:	WEAKNESS:

ADDRESS:	MEDICAL CONDITIONS:
EMAIL:	ALLERGIES:
PHONE NUMBER:	PARENT NAME(S):
EMERGENCY CONTACT:	
EMERGENCY CONTACT PH #:	

Returning participant? YES or NO

Allow use of participants photo for promotional material? YES or NO

PAYMENT

We accept Cash, Cheque, Debit, Visa, Mastercard or American Express. \$200 deposit is due by June 1, 2010. All final payments are due July 6th, 2010.

CREDIT CARD INFORMATION

CARD TYPE:
NAME ON CARD:
AMOUNT TO BE CHARGED:
CARD NUMBER:
EXPIRY DATE:
SIGNATURE:

WAIVER

ASSUMPTION OF RISKS WAIVER AND RELEASE OF CLAIMS INDEMNITY AGREEMENT BY SIGNING THIS DOCUMENT YOU WILL WAIVE LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY

I, the above named participant, am aware that the program in which I have chosen to participate involves many RISKS AND DANGERS. I understand that known and unknown risks and dangers associated with my participation in this activity may result in personal injury, death, property damage or loss. I understand as well that personal injury, death, property damage or loss may be caused or contributed to by the NEGLIGENCE OR CARELESSNESS of others. In consideration of Pro-Fitness Training (the "Club") allowing my participation in the above named program I agree, on behalf of myself, my heirs, assigns, personal representatives and my family, that:

1. I ASSUME AND ACCEPT, WITHOUT LIMITATION, ALL RISKS AND DANGERS associated with my participation in this activity.
2. I ASSUME FULL RESPONSIBILITY for understanding and following the rules and safe practice associated with this activity and for my personal safety.
3. I WAIVE ANY AND ALL CLAIMS against the Club and its officers, directors, employees, agents and representatives (collectively referred to below as the "Related Parties") arising from or connected, directly or indirectly, with my presence at, or participation in, this activity.
4. I RELEASE the Club from any and all liability for any loss, damage, injury or expense that I, or my family, may suffer or incur by reason of my presence at, or participation in, this activity, due to any cause whatsoever, INCLUDING NEGLIGENCE ON THE PART OF THE CLUB, THE RELATED PARTIES, OR OTHER PARTICIPANTS, OR ANYONE ELSE.

5. I WILL INDEMNIFY AND HOLD HARMLESS the Club from any and all liability for loss, damage, injury or expense suffered or incurred by me or anyone else in connection with my presence at, or participation in this activity.

I HAVE READ THIS DOCUMENT THOROUGHLY. I UNDERSTAND THAT, BY SIGNING THIS DOCUMENT, BELOW, I GIVE UP IMPORTANT LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. I UNDERSTAND THAT THE CLUB IS RELYING ON MY FULL RELEASE AND WAIVER OF ALL CLAIMS WHEN ACCEPTING MY PARTICIPATION IN THIS ACTIVITY.

CONSENT AND ACKNOWLEDGMENT

I, the undersigned, Parent/ Guardian of the above mentioned participant, do hereby consent to his/her participation in the above named program I acknowledge both the participant and I are aware that the above named program involves many RISKS AND DANGERS. I understand that known and unknown risks and dangers associated with the participant's participation in this activity may result in personal injury, death, property damage or loss. I understand as well that personal injury, death, property damage or loss may be caused or contributed to by the NEGLIGENCE OR CARELESSNESS of others.

VIOLENCE POLICY

I understand that the Club has a violence-free policy to ensure the safety of all its participants. Any behavioural misconduct, as determined from time to time by the Club in its absolute discretion, will result in the immediate removal of the participant from this program, with no money refunded.

RESERVATIONS

The Club reserves the right to cancel or pre-empt any program as well as limit the numbers of those enrolled.

REFUNDS & CANCELLATIONS

Refunds can be requested prior to July 1, 2010 and will be given in full less a \$20.00 processing fee. No refunds will be issued with less than 7 days notice, except for medical reasons. (A Doctor's note is required.)

ACCEPTANCE OF TERMS

By signing this document, I agree that I have **read all of the information in this form**, that the information is accurate and that I accept the terms.

Name of participant or parent/ guardian (Please print) Date

_____ o _____

Signature of participant or parent/ guardian Staff Initials

