



Located Inside the Magna Centre

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REGISTRATION FORM: WINTER 2009

1. ATHLETE INFORMATION

DATE:
FIRST NAME: LAST NAME:
ADDRESS:
TOWN: POSTAL CODE:
PHONE: CELL: EMAIL:
SPORT: TEAM NAME: POSITION: LEVEL:
AGE: D.O.B.: COACHES NAME:
(DD/MM/YEAR) (TEAM TRAINING ONLY)

2. CONSENT AND WAIVER

Consent: I, the client have been informed, understand and am aware that strength, flexibility and cardiovascular exercise, including the use or equipment, are potentially hazardous activities. I have also been informed, understand and am aware that fitness activities involve risk of injury and I am voluntarily participating in these activities and using equipment with full knowledge, understanding and appreciation of the dangers involved (initial). Thereby release and hold harmless UTC, it's agents, officers and employees and any affiliated companies from liability with respect to injury of any nature to me or my property arising out of, or connected with my exercise participation.

CLIENT or PARENT/GUARDIAN SIGNATURE (if under 18), DATE
PARENT/GUARDIAN NAME/PHONE NUMBER

OFFICE USE ONLY

DESCRIPTION: PAYMENT TYPE: CASH DEBIT MASTERCARD VISA
SESSIONS PURCHASED: CHEQUE #:
DAY/TIMES: SUB TOTAL:
REGISTERED BY: GST:
GRAND TOTAL: