

UTC SPECIALIZED FITNESS

Located Inside the Magna Center

800 Mulock Drive, Newmarket
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www.utcnewmarket.com

REGISTRATION FORM

1. ATHLETE INFORMATION

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: _____

GST: _____

GRAND TOTAL: _____