

PARTICIPATION WAIVER

Please read and sign the waiver below.

You acknowledge that your attendance at or use of the Health & Fitness Center (HFC), including, without limitation your participation in any of HFC's programs or activities and your use of HFC's equipment and facilities and transportation provided by HFC could cause injury to you. In consideration of your program enrollment at HFC, you hereby assume all risks of injury which may result from or arise out of your attendance or use of HFC or it's equipment, activities, facilities or transportation; and you agree, on behalf of yourself and your heirs, executors, administrators and assigns, to fully and forever release and discharge HFC of Lake Forest Hospital and their respective officers, directors, employees, agents, successors and assigns, and each of them collectively (collectively the "Releases"), from any and all claims, damages, demands, rights or action or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of your attendance at or use of HFC or its equipment, activities, facilities or transportation, including without limitation any claims, damages, demands, rights of action or causes of action resulting from or arising out of the negligence of the Releases. Further, you hereby agree to release and discharge the Releases from any and all liability for any loss or theft of, or damage to, personal property. You acknowledge that you have carefully read this waiver and release and fully understand that it is a waiver and release of liability.

By signing below you acknowledge that you have read and fully understand this waiver and release. This waiver shall be binding on you, your spouse, your children, legal representatives, heirs, successors and assigns.

Special medical / developmental conditions: YES NO
If yes, please specify: _____

Parent/Participant's (Guardian) Signature: _____ Date: _____
(Required if participant is under 18 years of age)

Emergency contact information

Name: _____

Phone: _____

Relationship: _____

MUST COMPLETE BOTH SIDES

Member Services Initials: _____

CLASS LEVELS

M/W & T/TH Classes meet 6 times during the session.

Parent and Tot - Ages 6 months to 36 months

Date	Day	Time	M/NM
8/2-8/18	M/W	4:30-5 PM	\$56/86

Preschool - Ages 3 to 5 years old

Frog

Date	Day	Time	M/NM
8/2-8/18	M/W	4-4:30 PM	\$56/86
8/3-8/19	T/TH	10:15-10:45 AM	\$56/86
8/3-8/19	T/TH	11:45 AM-12:15 PM	\$56/86

Salamander

Date	Day	Time	M/NM
8/2-8/18	M/W	4:30-5 PM	\$56/86
8/3-8/19	T/TH	10:45-11:15 AM	\$56/86

Turtle/Fish

Date	Day	Time	M/NM
8/2-8/18	M/W	4:30-5 PM	\$56/86
8/3-8/19	T/TH	11:15 -11:45 AM	\$56/86

Youth - Ages 6 years old and up

Polar Bear

Date	Day	Time	M/NM
8/2-8/18	M/W	4-4:30 PM	\$56/86
8/3-8/19	T/TH	10:15-10:45 AM	\$56/86

Walrus

Date	Day	Time	M/NM
8/2-8/18	M/W	4:30-5 PM	\$56/86
8/3-8/19	T/TH	10:45-11:15 AM	\$56/86

Penguin

Date	Day	Time	M/NM
8/2-8/18	M/W	4-4:30 PM	\$56/86
8/3-8/19	T/TH	11:15-11:45 AM	\$56/86

Otter - Dolphin

Date	Day	Time	M/NM
8/2-8/18	M/W	4-4:30 PM	\$56/86
8/3-8/19	T/TH	11:15 -11:45 AM	\$56/86

***Please be sure to add participant's name to the wait list. Classes will be added indicated by our wait list.**

****ALL CLASS TIMES ARE SUBJECT TO CHANGE**

***** Classes may be combined if/when appropriate.**

REGISTRATION FORM

Session VI - 2010

Are you a current member of HFC Yes No

Participant Name: _____

Phone Number: _____

Child's Age: _____ Level: _____

Day: _____ Time: _____

1st Choice

Day: _____ Time: _____

2nd Choice

Subtotal: _____

Wait List? Yes No

Participant Name: _____

Phone Number: _____

Child's Age: _____ Level: _____

Day: _____ Time: _____

1st Choice

Day: _____ Time: _____

2nd Choice

Subtotal: _____

Wait List? Yes No

MUST COMPLETE OTHER SIDE

Method of Payment:

Cash Check #: _____

House Charge ~ Account # _____

Visa / MC: _____

Exp. Date: _____

Staff Initials: _____ Date: _____