



TOWN OF POUCH COVE

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FITNESS CLASS REGISTRATION FORM METABOLIC MADNESS WITH KADY CROCKER

PARTICIPANT INFORMATION

FIRST NAME:	_____	HOME PHONE:	_____
LAST NAME:	_____	CELL PHONE:	_____
EMAIL:	_____	GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MAILING ADDRESS	_____ _____ _____	DOB:	_____/_____/_____ <small>MONTH DAY YEAR</small>

MEDICAL INFORMATION

MCP NUMBER: _____

MEDICAL CONDITIONS: _____

EMERGENCY CONTACT INFORMATION

FIRST NAME:	_____	CONTACT PHONE:	_____
LAST NAME:	_____	RELATION:	_____

CONSENT

I HAVE ENROLLED IN THE ABOVE FITNESS PROGRAM(S) OFFERED THROUGH THE TOWN OF POUCH COVE. I RECOGNIZE THAT THIS PROGRAM MAY INVOLVE STRENUOUS PHYSICAL ACTIVITY INCLUDING BUT NOT LIMITED TO, MUSCLE STRENGTH AND ENDURANCE TRAINING, CARDIOVASCULAR CONDITIONING, AND OTHER VARIOUS ACTIVITIES. I HERBY AFFIRM THAT I AM IN GOOD PHYSICAL CONDITION AND DO NOT SUFFER FROM ANY KNOWN DISABILITIES OR CONDITIONS THAT PREVENT OR LIMIT MY PARTICIPATION IN THIS PROGRAM. I ACKNOWLEDGE THAT MY ENROLLMENT IN THIS PROGRAM IS PURELY VOLUNTARY AND IN NO WAY MANDATED BY THE TOWN OF POUCH COVE.

I FULLY UNDERSTAND THAT I MAY INJURE MYSELF AS A RESULT OF MY ENROLLMENT AND SUBSEQUENT PARTICIPATION IN THIS PROGRAM AND I HEREBY RELEASE THE TOWN OF POUCH COVE FROM ANY LIABILITY NOW OR IN THE FUTURE FOR CONDITIONS THAT I MAY OBTAIN. THESE CONDITIONS MAY INCLUDE, BUT ARE NOT LIMITED TO, HEART ATTACKS, MUSCLE STRAINS, PULLS & TEARS, BROKEN BONES, SHIN SPLINTS, HEART PROSTRATION, BODILY INJURIES, AND ANY OTHER ILLNESS OR SORENESS THAT I MAY INCUR, INCLUDING DEATH.

SIGNATURE _____

DATE _____