

REGISTRATION *form*

name _____

phone _____

email _____

membership expiry date _____
check your Vista label

Register for both Session 1 and 2 to ensure you remain in the program throughout the term. If you register for only Session 1 now, Session 2 fees are due by November 20.

program _____

day _____ time _____

cost _____ session 1 session 2

program _____

day _____ time _____

cost _____ session 1 session 2

program _____

day _____ time _____

cost _____ session 1 session 2

program _____

day _____ time _____

cost _____ session 1 session 2

program _____

day _____ time _____

cost _____ session 1 session 2

program _____

day _____ time _____

cost _____ session 1 session 2

Payment Method (Please Circle)

Credit Card Cheque Cash

Visa MC other _____

credit card # _____

expiry date _____

ALL registrants **MUST** provide emergency contact information. If blank, Registration will not proceed.



In Case of Emergency Information

name of contact _____

relationship _____

phone _____

email _____

MEDICAL RELEASE

for exercise, fitness & sports

All our programs are led by qualified instructors, who are experienced and/or educated in fitness for seniors. Programs are not intended as therapy or rehabilitation for seniors with medical conditions or mobility problems. However, many common health problems experienced by seniors are helped by regular, moderate exercise.

The Seniors Association advises all participants in exercise, fitness & sport programs to discuss their participation with their family doctors. This is particularly important if you have any chronic conditions such as high blood pressure, heart or lung disease, osteoporosis, diabetes or painful joints.

DECLARATION:

I have read the descriptions of the Seniors Association exercise, fitness & sport programs for which I am registering and acknowledge that I have been advised to consult with my doctor about my participation in these classes.

name (please PRINT):

signature

date

Doctor's signature NOT required.

A **MEDICAL RELEASE FORM** **must** be completed **when** registering for an exercise, fitness, or sport program.

OFFICE USE ONLY

initial

date/time

registration _____

prog. dept. _____