



# HARBOR HOUSE HEALTH & FITNESS

## Health and Fitness Registration

**PLEASE CIRCLE:** Type: Individual Couple/Family Senior/Student/AOS Senior Couple Coast Guard- Annual

**PLEASE CIRCLE:** Duration: Day Week Month 3-Month 6-Month Annual

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

List additional family members on reverse

ADDRESS: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ CELL#: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

### Informed consent and waiver:

Harbor House urges you and all members to obtain a physical examination from a doctor before using any exercise equipment or beginning any exercise program. All exercises, including the use of weights and any and all machinery, equipment and apparatus designed for exercise shall be used at the member's sole risk.

I/we assume all risk and hazards incidental to such participation, and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Harbor House Community Service Center, its officers, employees and participants, for any claim arising out of participation in this program.

\_\_\_\_\_  
Head of household signature

\_\_\_\_\_  
Date

### Cancellation agreement for EFT payments:

This membership will continue until the buyer terminates the agreement either in writing or by verbal communication with the Health & Fitness Manager.

Initial: \_\_\_\_\_

**Swipe card fee:** There will be a fee of \$5.00 per swipe card added to your membership fee. **There is also a \$5.00 fee to replace a lost card.**

**OFFICE USE ONLY:** Start date \_\_\_\_\_ Expiration date \_\_\_\_\_