

**PRUMC Sports & Recreation: Fitness Boot Camp Registration Form**

*Please complete and submit with payment.*

Season: \_\_\_\_\_ Year: \_\_\_\_\_ PRUMC Member? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Chose class time you will attend most often--you are welcome to attend any workout daily!

1) 5:55-7:05 am @ E. Rivers

4) 9:15-10:25 am @ PRUMC

2) 7:20-8:20 am @ PRUMC

5) 4:30-5:40 pm @ E. Rivers

3) 8:15-9:15 am @ PRUMC

6) 6:00-7:10 pm @ E. Rivers

**My goal in signing up for Fitness & Training Boot Camp is (check all that apply):**

\_\_\_\_ Increase Fitness    \_\_\_\_ Lose weight    \_\_\_\_ Run faster for the Peachtree Road Race

\_\_\_\_ Get out of the house    \_\_\_\_ other \_\_\_\_\_

**T-shirt size (circle one):**

Small    Medium    Large    Extra-Large

**Do you have any medical condition or pre-existing injury that we should know about?**

\_\_\_\_\_

Do you object to having a picture that includes you posted on our website for promotional purposes? \_\_\_\_ Yes \_\_\_\_ No

Circle payment type:    Cash    Check    Credit Card (Visa/MC only)    Exp. Date: \_\_\_\_\_

Card/Check # (make checks payable to PRUMC): \_\_\_\_\_

Amount:    \$250 for 6 weeks or \$45.00 a week

(Please note that the registration fee is non-refundable. Forms received without payment will not be processed)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If participant is under 18, please complete below:**

Father's Name: \_\_\_\_\_ Phone: Work ( ) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: Work ( ) \_\_\_\_\_

**Waiver of Liability and Release**

I recognize that there are inherent risks involved in sports and fitness activities. In consideration of the services provided, I hereby release and hold harmless, Peachtree Road United Methodist Church and its Department of Sports, Recreation, and Life Enrichment and its Directors, Employees, and Agents from any and all liability for injuries, including those resulting in death, and illnesses incurred while participating or attending any event or in any facility of Peachtree Road United Methodist Church. By signing this document, the participant or legal guardian confirms that he or she has authority to sign, has read the entire document, and has understanding that the document waives certain rights of the person signing or the participant.

Print Name Clearly: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_