

**GRANT ATHLETIC AND FITNESS CENTER
Registration Form**

NAME: _____ Date: _____

Address: _____

Phone: Home: _____ Work: _____

Emergency Contact: _____ Phone: _____

Birth Date: _____ Blood Pressure: _____

What school district do you live in? _____

1. Are you taking any medications? Yes No

If yes, please list medication and reason:

ACKNOWLEDGMENT AND RELEASE

I understand that participation in this exercise program is at my own risk. I assume full responsibility for any injuries arising out of participation in this exercise program. I agree to release the Grant Public School district, its' employees, and agents from any and all claims that I may have for any injuries arising out of participation in this program.

I acknowledge that the above statements about assumption of risk were read by me and that I understand them. I hereby agree to the above terms and conditions.

Signature: _____ Date: _____

Back to Fitness [Home](#) Page