

**GRANT ATHLETIC AND FITNESS CENTER  
Student Registration Form**

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: Home: \_\_\_\_\_ Student I.D. #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

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: \_\_\_\_\_

Signature of Parent or

Guardian: \_\_\_\_\_