

## Vernon PAL Exercise Classes February/March 2010

Name: \_\_\_\_\_ Gender: MF Age: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ Home Phone: (973) \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Fee: \_\_\_\_\_ \$30.00 \_\_\_\_\_

Program Registering For:

Cardio Kickboxing (Monday)

Body Sculpting (Wednesday)

20/20/20 (Thursday)

After School Reebok Step Class (Wednesday)

After School Body Sculpting (Friday)

*Please make check payable to Vernon PAL. Return completed registration form and check to the PAL drop box located outside the PAL building.*

### Release Information - Please Read

- 1) I voluntarily give my child permission to participate in this program; I am aware that in any sport there is a degree of risk of injury present.
- 2) I certify that my child has no medical, physical or other conditions that would adversely affect their ability to participate in this program and its related activities.
- 3) I understand that it is my responsibility to inform my child's coach(s) directly of any information relating to my child's medical condition that would be necessary for them to know. The PAL does NOT provide this information to the coaches.
- 4) I understand and voluntarily give permission for any pictures taken while attending any PAL function may be published, including but not limited to the PAL or other websites.
- 5) I hereby agree to hold harmless & indemnify the Vernon PAL, its instructors, coaches, employees, Director, Assistant Director, Facility Manager and board members should any injuries or incidents occur.
- 6) I understand that the PAL's insurance is secondary to any insurance I may have and that if the PAL's insurance is used I am responsible for any co-payments, deductibles and other fees not covered by the PAL's insurance.
- 7) PAL reserves the right to cancel any program prior to start with a full refund given, otherwise no refunds will be given.
- 8) I understand that should my child drop out of the program FOR ANY REASON and at any time, no refunds will be given.
- 9) I have read and agree to abide and follow the Vernon PAL's Code of Conduct and agree to follow all other PAL rules.

**Participant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Print name*

**Parent Signature:** \_\_\_\_\_

### **For Office Use Only**

**Check #** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_