

# JCC TOTAL FITNESS EXERCISE CLASS REGISTRATION FORM.



Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Email : \_\_\_\_\_

Classes may be purchased by one of the following ways:

- 1) \$5.00 per class or by the session.
- 2) \$48.00 for 12 classes (save \$12.00)
- 3) \$96.00 for 24 classes (save \$24.00)

Please check class of interest:

<u>Class</u>	<u>Days</u>	<u># classes</u>	<u>Time</u>	<u>Instructor</u>
_____ Toning w/ Weights (9/14/10-12/9/10)	M/TH	24	5:30-6:30pm	Linda Ford
_____ Intro to Rebounding (9/15/10-12/8/10)	W	12	5:30-6:30pm	Linda Ford
_____ Pilate's Plus (9/15/10-12/8/10)	W	12	4:30-5:15pm	Tina Sardo
_____ Pilate's Plus (9/18/10-12/11/10)	S	12	9:15-10am	Tina Sardo
_____ Kick, Punch and Crunch (9/15/10-12/8/10)	W	12	6-7pm	Tina Sardo

In consideration for receiving permission to participate in JCC Total Fitness Exercise Classes, I agree to be responsible for knowing the rules and regulations set forth by the JCC/FSA for the safe and correct operation of the recreation facility, including proper use of the equipment, and following directions and instructions of Total Fitness staff and FSA personnel. I further acknowledge that failure to follow these rules and regulations may result in the forfeiture of my recreation membership privileges at JCC, and may result in immediate expulsion from the facility. Further, I hereby release, waive, discharge, and covenant not to sue JCC/FSA from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, with the cause by the negligence of JCC/FSA, or otherwise while participating in such activity, or while in, on, or upon the premises where the activity is being conducted. I am fully aware of risks and hazards connected with JCC Total Fitness Exercise classes and recreation membership, including the risk of serious injury, and I hereby elect to voluntarily participate in said activity. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury. I further agree that this release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns, and personal representative, if I am deceased, in accordance with the laws of the state of New York. I have no undisclosed medical conditions that would put me at risk of injury due to the usage of any equipment in the recreation facility.

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

Office use only:

Date: \_\_\_\_\_ receipt # \_\_\_\_\_ Amount: \_\_\_\_\_ By \_\_\_\_\_

Type purchased: \_\_\_\_\_ \$5.00 per class \_\_\_\_\_ per session pass