



PROGRAM REGISTRATION

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip Code: _____ Age: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Medical Concerns: _____

I agree to hold harmless the 0600 CONDITIONING and its staff for claims for liability related to any accident that may occur. I give my permission for medical treatment to be given to the participant if the need arises.

Signature: _____ Date: _____

OFFICE USE ONLY: Program fee: \$ _____ Cash: \$ _____ Check: # _____ Date: _____

EMAIL:

NAME: