

PRUMC Sports & Recreation: Fitness Boot Camp Registration Form

Please complete and submit with payment.

Season: _____ Year: _____ PRUMC Member? Yes _____ No _____
Name: _____ M _____ F _____
Email: _____ Date of Birth: ___ / ___ / ___ Age: _____
Address: _____
City/State/Zip: _____
Phone: Home () _____ Work () _____ Cell () _____

Choose Class Time (circle one):

- | | |
|-----------------------------|-----------------------------|
| 1) 5:55-7:05 am @ E. Rivers | 4) 9:30-10:40 am @ PRUMC |
| 2) 7:20-8:20 am @ PRUMC | 5) 4:30-5:40 pm @ E. Rivers |
| 3) 8:30-9:30 am @ PRUMC | 6) 6:00-7:10 pm @ E. Rivers |

My goal in signing up for Fitness & Training Boot Camp is (check all that apply):

____ Increase Fitness ____ Lose weight ____ Run faster for the Peachtree Road Race
____ Get out of the house ____ other _____

T-shirt size (circle one):

Small Medium Large Extra-Large

Do you have any medical condition or pre-existing injury that we should know about?

Do you object to having a picture that includes you posted on our website for promotional purposes? ____ Yes ____ No

Circle payment type: Cash Check Credit Card (Visa/MC only) Exp. Date: _____

Card/Check # (make checks payable to PRUMC): _____

Amount: \$250 for 6 weeks or \$45.00 a week

(Please note that the registration fee is non-refundable. Forms received without payment will not be processed)

Signature: _____ Date: _____

If participant is under 18, please complete below:

Father's Name: _____ Phone: Work () _____

Mother's Name: _____ Phone: Work () _____

Waiver of Liability and Release

I recognize that there are inherent risks involved in sports and fitness activities. In consideration of the services provided, I hereby release and hold harmless, Peachtree Road United Methodist Church and its Department of Sports, Recreation, and Life Enrichment and its Directors, Employees, and Agents from any and all liability for injuries, including those resulting in death, and illnesses incurred while participating or attending any event or in any facility of Peachtree Road United Methodist Church. By signing this document, the participant or legal guardian confirms that he or she has authority to sign, has read the entire document, and has understanding that the document waives certain rights of the person signing or the participant.

Print Name Clearly: _____

Signature: _____ Date: _____