Get FIT THIS WINTER

CARROLL COUNTY COMMUNITY CENTER

Weight Loss *or* Walk *or* Run Fitness Challenge

Program Cost: CC Members $15
CC Non-Member $90

Become a CC Member : Purchase an Annual membership and get it at half price by participating in the 'Get Fit' program!

THREE MONTHS FROM NOW YOU WILL THANK YOURSELF

PARTCIPANT REGISTRATION: **Weight Loss_____ / Walking_____ *or* Running_____**

Last Name: _____ First Name: _____

CCCC Member: Yes____ No____ Date of Birth: _____ Age: _____ Gender: M____ F____

Address: _____ City:_____

Parent Signature (If Under 18): _____

Printed Parent Name (If Under 18): _____

Phone # (home):_____ (cell):_____

Email Address(s):_____

Emergency Contact Name _____& Phone #_____

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Registration Information

In consideration of accepting my entry, I do hereby for myself, my heirs, executors, administrators and assigns, waive and release all claims, damages, which I may have or which may hereafter accrue to me against the Carroll County Community Center, its sponsors, representatives or assigns for any and all damages which may be sustained and suffered by me in connection with my association with or participation in the C's program. I attest I am physically fit and have full knowledge of the risks involved in the program. Participants and members involved in CCCC activities and classes give permission for use of their name, photograph, or other likeness of themselves, their oral or written statement; or other aspects of their personalities in whole or part for advertising or similar purposes. They give consent voluntarily and without expectation of any remuneration or reward and waive all rights to any such remuneration or reward.

Participant/Guardian's Signature (If under 18): _____

Office Use:

Payment: Cash_____ Check _____ #_____ Staff Initials_____ Date_____

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