



PROGRAM REGISTRATION FORM

TO COMPLETE THE REGISTRATION FORM BELOW:

Please use a separate form for each participant. Be sure all information is correct and the registration code number is included. Multiple code numbers may be listed on form if programs are for the same participant. All fees must be paid in full. Additional registration forms are available online or at the Choice Health & Fitness Customer Service Desk.

REFUND POLICY:

Participants will receive a full refund when the program is cancelled due to a lack of participants, facilities, or instructors, or if the program has not officially begun. No refunds will be given once the program has started. All refunds will be issued in the form of a check. The issuance of a refund check will take up to 10 working days and will be mailed to the participant or guardian.

PROGRAM RELEASE NOTICE

Please read this form carefully and be aware that in registering yourself or your child/ward for participation in the below program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the below program(s).

I recognize and acknowledge that there are certain risks of physical injury and/or death to participate in the below program(s), and I agree to assume the full risk of any such injuries, death, damages, or loss regardless of severity which I or my child/ward may sustain as a result of involvement with the below program(s). Further, I hereby waive and relinquish all claims that I, my insurer, or my child/ward may have against the Grand Forks Park District, Choice Health & Fitness, and its officers, servants, and employees from any and all claims for injuries, damages, or loss which I or my child/ward may have or which may accrue to me or my child/ward in relation to his/her involvement with the below program(s), regardless whether the activities involved are supervised or unsupervised. I also agree to hold the Grand Forks Park District and Choice Health & Fitness harmless for any injuries, death, or damages sustained in relation to my child/ward's involvement with the below program(s). Nothing in this release shall be intended to release the Grand Forks Park District or Choice Health & Fitness from responsibility of fraud or willful injury to person or property, nor for any violation of the law. This release is intended to release only claims for negligence and/or non-willful or non-criminal claims.

By registering, you give consent for a photo and/or video of yourself or your child/ward to be used for the purpose of promotion through various marketing mediums in perpetuity, in connection with GF Park District and Choice Health & Fitness facilities, programs, and/or events. If you do not agree, you must make note of this on this form.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT OUTLINING MY ASSUMPTION OF RISK AND WAIVER AND RELEASE OF ALL CLAIMS.

Participant or Parent/Guardian Signature _____ Date _____

ONE FORM PER PARTICIPANT PLEASE

PARTICIPANT'S FIRST AND LAST NAME		GENDER	BIRTHDATE (MM - DD - YYYY)	
PARENT/GUARDIAN NAME (if applicable)				
ADDRESS		CITY	STATE	ZIP CODE
DAYTIME PHONE #	HOME PHONE #	CELL PHONE #		
For program and weather updates, please provide your contact info for email alerts.		EMAIL ADDRESS		
DOES PARTICIPANT HAVE ANY SPECIAL NEEDS WE SHOULD BE AWARE OF (DIABETES, ASTHMA, ETC)?				

PROGRAM NAME	REGISTRATION CODE (listed in CHF Program Guide)	PROGRAM FEE
	000-000000	
	000-000000	
	000-000000	

PAYMENT INFORMATION

TYPE OF PAYMENT (please select one): CASH CHECK CREDIT CARD (Visa, Mastercard, Discover, American Express)

PLEASE MAKE CHECKS PAYABLE TO: **CHOICE HEALTH & FITNESS**
 RETURN COMPLETED REGISTRATION AND PAYMENT *IN PERSON* TO THE CHOICE HEALTH & FITNESS CUSTOMER SERVICE DESK.