

Mt Hood Athletic Club Registration Form

Payment for all programs required upon registration

Participant Name: _____ MHAC Account # _____ Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Start Date: _____ End Date: _____ Parent Name: _____

Parent MHAC Account # _____ Emergency Contact: _____ ph# _____

Member: Yes No (Karate Only) Instructor Approval _____

**Please register within 5 days of the start of any program or a \$5 late registration fee will be added to the program cost.

PROGRAM INFORMATION

Class Name _____ **Session #** _____

Write in name of class . Write in session # if applicable

Start Date _____ **End Date** _____ **Late reg. fee** Y N **Total cost:\$** _____

Name of private instructor (if applicable) _____

Release of Liability & POLICIES:

Mt. Hood Athletic Club is not responsible for lost or stolen items. It is further expressly agreed that all exercises shall be undertaken by me at sole risk and Mt Hood Athletic Club shall not be liable to me for any claims, demands, injuries, damages, actions or causes of action, whatsoever, to my person or property arising out of or connected with the use by me of the services and facilities of Mt. Hood Athletic Club or the premises where the same is located, and I do hereby expressly forever release and discharge the said club from all claims, demands, injuries, damages, actions or causes of action, and from all acts of actions or passive negligence on the part of the company , corporation, clubs servants, agents or employees. Member and non members represents and warrants that he/she is in good physical condition and that he/she has no physical disability, impairment or ailment preventing he/she from engaging in active or passive exercise or that will be detrimental to his/her health, safety, comfort or physical condition if he/she does so engage or participate.

No exceptions are available for above stated policies.

Participant Signature: _____ Date: _____

Parental Consent: _____ Date _____

Staff Use Only

Class Name _____

Payment: Cash Check Visa/M

Session # _____ Dates _____

Charge to Account # _____ Member Init: _____

Amount Paid \$ _____ Emp Init. _____

Charge Monthly EFT Account # _____ Member Init: _____

Processed by Bookkeeper Date _____ Initials _____