

CARROLL CO COMMUNITY CENTER

Personal Training

Registration Form



Participant Information

CCCC Member: Yes or No

Participant's Name: _____ Gender: M or F

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email Address: _____

Emergency Contact: Name _____ Phone #: _____

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 program. I attest I am physically fit and have full knowledge of the risks involved in the program. Participants and members involved in 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 Signature: _____ **Date:** _____

MAKE CHECKS PAYABLE TO THE CARROLLCOUNTYCOMMUNITY CENTER (CCCC)

For Office Use Only

Payment Type: __cash/ __check# _____ Amount \$ _____ Staff Initials: _____ Date _____