

ACL CLASS REGISTRATION FORM

Participant Information

Student Name: First _____ M. _____ Last _____

Student Date of Birth: _____ Phone #: _____

Address: _____ : Email Address: _____

School Currently Attending: _____

Sport played/SportsTeams : _____

Emergency Contact: Name _____ Phone #: _____

Relationship to Participant: _____

MEDICAL HISTORY Please Circle YES OR NO to each of the Following	IF ANSWERED YES PLEASE PROVIDED DETAILS (What bones, allergies, surgeries etc.)	
Broken Bones	YES	NO
Concussions or Traumatic Brain injuries	YES	NO
Prior athletic injuries	YES	NO
Previous ACL, MCL, LCL or meniscus injuries	YES	NO
Frequent Headaches or Migraines	YES	NO
Heart Conditions that require exercise modification	YES	NO
Auto immune diseases	YES	NO
Diabetes Type I or II	YES	NO

MEDICAL HISTORY
Please Circle YES OR
NO to each of the
Following

**IF ANSWERED YES
PLEASE PROVIDED
DETAILS (What
bones, allergies,
surgeries etc.)**

Asthma	YES	NO
Vision or Hearing Problems	YES	NO
Seizures or Convulsions	YES	NO
Thyroid or endocrine problem	YES	NO
OTHER (Please explain in detail)	YES	NO

Parent/ Guardian Information

Parent/Guardian Name: First _____ M _____ Last: _____

Address: _____

Phone #: _____ Alternate phone #: _____

Email: _____

Payment Information \$180 for full session (10 classes- June15 -July 15th)

(Please Indicate what payment method you are using)

Credit Card _____ Check _____ Cash _____

Sibling Discount 5% ____ (must be verified by Central Wyoming Therapy) Employee _____

Sport Team Discount 10%: ____ (must be verified by Central Wyoming Therapy) Employee _____

*** Full payment due before student can participate**

*** No 1/2 sessions**

*** No Refunds unless for family or medical emergencies.**

*** Class Times are Tuesday/Thursday from 2:30-3:30pm**

*** Class Dates are June 15,17, 22, 24, 29, July 1st, 6th & 8th, 13 & 15**

Participation Release

I _____, understand the program offered by Central Wyoming Therapy at Lifetime Health and Fitness is designed to help limit injuries and improve well-being and is taught by trained health/ exercise professionals. However, there is a risk of injury including, but not limited to fall from equipment, contact with other participant and injury from equipment.

I _____, hereby waive and release Central Wyoming Therapy, class instructors and LifeTime Health and Fitness from any and all claims, demands, actions and causes of action whatsoever arising out of or in any way related to any loss, damage, or injury that may be sustained by me while participation in class.

I _____, agree to abide by all rules by Central Wyoming Therapy Instructors and LifeTime Health and Fitness including the following:

- * No horseplay or reckless behavior around other participants or equipment
- * No running or reckless behavior in gym areas
- * Appropriate use of exercise equipment
- * Following appropriate sanitizing and distancing rules of LifeTime.
- * No non-member use of LifeTime Health and Fitness outside of class participation even if with a LifeTime Member. This includes, but is not limited too; showering/use of locker rooms, pool usage, steam room or sauna, basketball/racquetball courts and fitness areas.

If rules are not followed after repeated warnings, participant will be asked to leave the class and not be allowed to return to remaining sessions with no refund.

Photo Release: Photos/Videos of class participants may be taken for use on Central Wyoming's Website and on other advertising venues related to Central Wyoming Therapy.
Please Circle YES if you give permission for photos to be taken.

I acknowledge that I have read, understand and agree with the information above.

Printed Name of Participant: _____

Signature of Participant: _____ Date: _____

Parent/Guardian Printed Name:(if participant is under 18 years of age) _____

Parent Guardian Signature: _____ Date: _____