



# Adult Fit Registration Form

## Participant Information

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best way to Contact you (email, phone, text, etc.): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: Home \_\_\_\_\_ Mobile: \_\_\_\_\_

## Class Registration Information

Class Selection: \_\_\_\_\_ Day/Time: \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_

Discount for Early Registration: - \$ \_\_\_\_\_

TOTAL: \$

Please make all checks payable to **Go Family Fit, LLC**. All payments are due prior to the start of class. All classes are non-refundable. Go Family Fit reserves the right to make scheduling and staffing changes as they see fit.

<b>Payment Information: For Office Use Only</b>		
<input type="radio"/> CASH \$ _____	<input type="radio"/> CHECK \$ _____ # _____	INITIAL _____

## Permission to Photograph

I \_\_\_\_\_, consent to be photographed during my participation in Go Family Fit classes.

I \_\_\_\_\_, further authorize that the photographs taken during Go Family Fit classes may be published for any purpose in any form.

I \_\_\_\_\_, do not wish to be photographed during my participation in Go Family Fit classes.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_