

# Drop-in Workout Registration

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☺ Please write legibly ☺

Name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail \_\_\_\_\_ Occupation \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_ Relation to you \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

How did you first hear about the **workouts**? Friend \_\_\_\_\_ Flyer \_\_\_\_\_ Internet \_\_\_\_\_ E-mail \_\_\_\_\_

Newspaper \_\_\_\_\_ Other \_\_\_\_\_

What other types of physical activities do you currently participate in on a regular basis?

\_\_\_\_\_  
Please list any injuries or conditions that may limit your drop-in workouts (e.g. arthritis, asthma, back/neck pain, knee/ shoulder/ other joint pain, cancer, diabetes, epilepsy, hernia, glaucoma, high/low blood pressure, heart disease, osteoporosis, pregnancy, scoliosis, surgeries, etc.):

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## Liability Waiver

☺ Please read and sign below ☺

Awareness is fundamental to physical activity, and I am fully aware that some of the workout activities may be difficult for me and that it is my responsibility to monitor each activity and determine whether it is appropriate for me to participate. I acknowledge that it is also my responsibility to consult with a physician regarding any injury or condition that may affect my participation in this program. I agree not to hold the University of Massachusetts, its employees, or the instructor of this class liable for any injury or damages related to my use of the facilities or participation in this or other related programs offered on or off the studio premises.

Signed \_\_\_\_\_ Date \_\_\_\_\_