



# IMPACT TRAINING

## Member/Guest Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Sex \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Are you a member? Yes \_\_\_\_ No \_\_\_\_  
 Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

**IMPACT TRAINING (90-DAY RESULTS DRIVEN HEALTH AND WELLNESS PROGRAM)  
 \$99 A MONTH. INCLUDES WEEKLY MEAL PLAN WITH NUTRITION COACH. BOOTCAMP  
 CLASSES ARE MONDAY, WEDNESDAY AND FRIDAYS 6:30AM OR 6PM. MUST COMMIT  
 TO SPECIFIC TIME. FIRST CLASS STARTS FRIDAY JANUARY 4<sup>TH</sup>!**

6:30AM Class \_\_\_\_\_ 6PM Class \_\_\_\_\_

\$99 Monthly Payment \_\_\_\_\_ \$297 Paid in Full \_\_\_\_\_

## Medical Information:

Does the participant have any medical condition of which the instructor should be aware? (For example, diabetes or suffers from seizures.) Circle one: Yes No

If yes, please explain: \_\_\_\_\_

## Emergency Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Terms of Program Enrollment

By signing this Registration Form, I (we) agree to the following: (1) program enrollee will abide by the terms of this Agreement at all times during the period of the program enrollment and will comply with all rules and regulations posted or otherwise communicated to the enrollee (2) The Salvation Army Ray and Joan Kroc Corps Community Center reserves the right to remove from the facility or terminate the enrollment of any program enrollee who fails to comply with any posted rules and regulations or otherwise breaches the terms of this Agreement, in which case the program enrollee will not be entitled to a refund of dues, (3) program enrollment rights are not transferable, and (4) grant permission for the Kroc Center to take photographs and/or make visual recordings of all individuals listed on this form for its responsible use in marketing or promotion materials.

**Liability Waiver-** I understand that the use of the facilities and equipment at The Ray and Joan Kroc Corps Community Center may involve risk of bodily injury or property damage, and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that I can safely participate in activities and events at the Kroc Center. I also understand and agree that by signing this Agreement, I am giving up my (or the minor for whom I sign) right to make any claim against The Salvation Army, its agents, employees and volunteers, including the right to sue them, for bodily injury or property damage or any other loss that I might suffer while using the Kroc center facilities and services, including in connection with my participation in off-site activities.

Notice- In order to promote a safe and secure environment, The Salvation Army Kroc Corps Community Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, the Kroc center reserves the right to consult public sources to determine whether any member, guest, or program enrollee poses an unreasonable risk of harm to its patrons, staff, or visitors and to refuse admittance to any such person.

I grant permission for the Kroc Center to take photographs and/or make visual recordings of all individuals listed on this form for its responsible use in marketing or promotion materials.

Name (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_