

PROGRAM REGISTRATION FORM
The Community Wellness Center
401 Farrell Court, Cincinnati, OH 45233 • (513) 347-1400

Name (Adult) _____ Birth Date _____ Gender _____
 Address _____ City _____ Zip _____
 Day Phone _____ Evening Phone _____
 Email Address _____
 Emergency Contact _____ Phone _____
 Medical Conditions _____

PROGRAM REGISTRATION

Participant's Name _____ Birth Date _____ Member: YES NO
 Program Name _____ Date _____ Time _____ Fee _____ Paid YES NO
 Participant's Name _____ Birth Date _____ Member: YES NO
 Program Name _____ Date _____ Time _____ Fee _____ Paid YES NO
 Participant's Name _____ Birth Date _____ Member: YES NO
 Program Name _____ Date _____ Time _____ Fee _____ Paid YES NO

I understand that the Community Wellness Center at Bayley Place assumes no responsibility for injuries or illness which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sport programs, the use of equipment, exercise, or any other activity at the Community Wellness Center. I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all injuries and illness, which may result from my participation in these activities. I hereby release and discharge the Community Wellness Center, its agents, servants, and employees from any and all claims for injury, death loss or damage, which I may suffer as a result of my participation in these activities.

I understand that the Community Wellness Center is not responsible for personal property lost or stolen while using Community Wellness Center facilities or while on Community Wellness Center premises.

I give my permission to the Community Wellness Center to use photographs, film footage, audio or video tape recordings, which may include my image or voice for purposes of promoting and interpreting Community Wellness Center programs and services to the general public.

I will adhere to the Community Wellness Rules and Bylaws. I understand that the Community Wellness Center will hold me accountable to the Rules and Bylaws, and may restrict my access to the Community Wellness Center upon breach of the Rules and Bylaws.

ACCEPTANCE: I acknowledge the Waiver set forth above, and, being in sympathy with the mission statement of Bayley Place and the Community Wellness Center, hereby accept the policies and procedures of the Community Wellness Center.

Participant's Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____

VOLUNTEERS: I would like to be contacted about volunteering at the Community Wellness Center: YES NO

PAYMENT INFORMATION

Please make checks payable to **Community Wellness Center at Bayley Place** Check # _____
 Credit Card: Visa MasterCard
 Card Number _____ Expiration Date _____
 Signature _____