



2640 West Point Road, Green Bay, WI 54304
Telephone: (920) 490-3730
Fax: (920) 490-3899

ADULT SWIM LESSON REGISTRATION FORM
(Please Print)

Student's Name: _____

Date of Birth: _____ Age Today: _____

Address: _____
Street City State Zip

Phone (Home/Cell): _____ Email: _____

Work phone _____

Emergency Contact Name & Phone: _____

Medical Concerns/Problems:

Class: _____ Class Time: _____
Class day (circle one) Mon. Tue. Wed. Thu. Fri.
Class Dates: from _____ to _____
 Registration form must be returned with payment;
 Registration is on a first come, first serve basis;
 Classes with non-sufficient enrollment are subject to cancellation; and
 No refund or transfer.

PLEASE SEE BACK OF SHEET FOR WAIVER/RELEASE

OFFICE USE ONLY

Member \$20.00 _____ Non-Member \$30.00 _____

Payment: Cash _____ Check _____ Payroll _____ EFT _____ Credit Card _____

Initial/Date: _____



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AGREEMENT AND RELEASE OF LIABILITY

(18 Years and older)

"I, _____, have enrolled in a program of strenuous physical activity including but not limited to aerobic dance, weight training, stationary bicycling, and the use of various aerobic-conditioning machinery offered by Oneida Family Fitness Center. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program."

In consideration for the use of the Oneida Family Fitness Center:

_____ (Hereinafter referred to as participant),

(Print Clearly)

agrees to hold harmless and indemnify the Oneida Family Fitness Center, and the Oneida Tribe of Indians of Wisconsin against any and all losses, costs, damages, injury, expenses, or other liabilities whatsoever, arising out of or in connection with direct or indirect use of the Oneida Family Fitness Center facilities or activities.

Participant acknowledges that he/she has the necessary skill and knowledge in the proper use and functions of Oneida Family Fitness Center and that he/she is in the proper physical condition to use the Oneida Family Fitness Center. Participant assumes the risks and responsibility for determining their physical condition.

"I hereby affirm that I have read and fully understand the above."

Signature of Parent/Guardian of Child

Date

Print Name

Date