

# Pro-Health & FITNESS CENTER

## SWIM SCHOOL REGISTRATION FORM GROUP LESSONS

**NON-REFUNDABLE PAYMENT REQUIRED WITH REGISTRATION  
PLEASE FILL OUT SEPARATE FORM FOR EACH SWIMMER  
PARENT OR GUARDIAN MUST REMAIN ON PREMISES DURING ALL SWIM LESSONS**

PLEASE FILL OUT HIGHLIGHTED FIELDS — THEN PRINT OUT TO SIGN.

Today's Date \_\_\_\_\_ MONTH FOR WHICH REGISTERING \_\_\_\_\_

New Swimmer       Returning Swimmer

Location:  MI  Viera      PHFC Member:  Yes  No      Membership Number \_\_\_\_\_

Swimmer Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

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

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

Email Address \_\_\_\_\_

Phone Home \_\_\_\_\_  Work \_\_\_\_\_  Cell \_\_\_\_\_

PLEASE "✓" BEST CONTACT NUMBER

**CLASSES SUBJECT TO CHANGE (DEPENDENT ON PARTICIPATION LEVELS)**

**CLASS REGISTRATION** — Please fill in Class Level and "✓" appropriate section(s)

CLASS LEVEL \_\_\_\_\_

DAY(S) & START TIMES:  Mon/Time \_\_\_\_\_  Tues/Time \_\_\_\_\_  Wed/Time \_\_\_\_\_

Thurs/Time \_\_\_\_\_  Fri/Time \_\_\_\_\_  Sat/Time \_\_\_\_\_

**REGISTRATION FEES** – Please "✓" appropriate section (only one)

**MEMBERS**

- \$27.50/child – 1day/week (4 lessons) – AQUA HOT KEY 01
- \$50/child – 2x/week (8 lessons) – AQUA HOT KEY 02
- \$75/child – 3x/week (12 lessons) – AQUA HOT KEY 03
- \$100/child – 4x/week (16 lessons) – AQUA HOT KEY 04

**NON-MEMBERS**

- \$32/child – 1day/week (4 lessons) – AQUA HOT KEY 05
- \$60/child – 2x/week (8 lessons) – AQUA HOT KEY 06
- \$84/child – 3x/week (12 lessons) – AQUA HOT KEY 07
- \$112/child – 4x/week (16 lessons) – AQUA HOT KEY 08

**METHOD OF PAYMENT** – Please "✓" appropriate section (only one)

- Cash     Check (payable to Pro-Health)     Credit Card     Member Charge

**(MUST PRINT BEFORE SIGNING)**

Signature (if charging to account) \_\_\_\_\_

*I have read, understand, and agree to abide by the facility's pool rules.*

**(MUST PRINT BEFORE SIGNING)**

Signature of Parent or Legal Guardian \_\_\_\_\_

**Front Desk:**  
Please staple receipt here.  
Thank you!

**This form must be NOTARIZED if visiting Pro-Health as a Minor Guest without a parent present.**

**Pro-Health**  
& FITNESS CENTER

**MINOR HOLD HARMLESS  
MINOR HOLD HARMLESS, INDEMNIFICATION  
AND RELEASE & WAIVER OF LIABILITY**

PLEASE FILL OUT HIGHLIGHTED FIELDS — THEN PRINT OUT TO SIGN.

I, \_\_\_\_\_, natural and custodial parent of the minor child  
\_\_\_\_\_ do hereby consent to and authorize the use of the services and/or  
facilities of Health First Pro-Health & Fitness Center by my minor child, \_\_\_\_\_.

It is expressly understood and agreed that all exercise programs and use of all facilities shall be undertaken at my child's own risk and the undersigned represents that said minor child is physically able to undertake any and all physical exercises and programs provided.

It is agreed by member that in exchange for granting membership to Member (or granting admission to guest), Member/Guest hereby waives and releases any and all claims against Health First, Inc., doing business as Health First Pro-Health & Fitness Center, its agents and employees (hereinafter "Health First"). This release includes, but is not limited to, any claims against Health First for negligence or gross negligence of any kind or nature related to the design, layout, configuration, construction, maintenance, operation, supervision, fitness instruction or advice, employee and subcontractor hiring and retention and any other aspect of interaction or facility use by or between Member/Guest and the facility or its staff and employees. Member/Guest agrees that all exercise including the use of weights, number of repetitions, participation in group or class-based exercise and the use of any and all machinery, equipment, or apparatus designed for exercising shall be at Member/Guest's sole risk. Notwithstanding any consultation, the choice of exercise, methods, classes and types of equipment shall be Member/Guest's entire responsibility, and, Health First shall not be liable to Member/Guest for any claims, demands, injuries, damages or actions or causes of actions whatsoever arising due to injury to Member's person or property arising out of or in connection with the use by Member/Guest of the services and facilities of the Fitness Center or the premises where the same is located, and Member hereby releases and holds the Fitness Center, its employees and agents, harmless from all claims which may be brought against them by Member/Guest or on Member/Guest's behalf for any such injuries or claims aforesaid and completely and irrevocably releases and waives his/her rights to any claims as otherwise outlined within this paragraph. Member/Guest agrees that in the event that any portion(s) of this Release & Waiver are found to be unenforceable, that the remaining provisions shall be fully enforceable.

It is understood and agreed that this is full and final release and waiver of all claims of every nature and kind whatsoever and is given in consideration of Membership or, in the case of a Guest, in exchange for admission to the Facility.

**IN WITNESS WHEREOF,**

I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

PRINT NAME

SIGNATURE OF NATURAL/CUSTODIAL PARENT

WITNESS

DATE

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