

**Fountain Inn Activities Center  
Registration Form For Fitness Program**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
6. Health Insurance Company: \_\_\_\_\_
7. Regulations:

- Anyone wishing to participate in aerobic classes, scheduled free play in the gym, and/or use of the weight room equipment must be a member of the fitness program.
- Memberships to the fitness program are nontransferable.
- Hours of operation and class instruction are subject to change based on participation of members.
- All members will adhere to the following regulations regarding the Activities Center: No alcoholic beverages, no smoking or tobacco products, no drugs, no gambling, no foul language, and no horse play.
- Shirt and shoes required.

**Weight Room Regulations**

- No food or drinks allowed.
- Anyone under the age of 18 must be accompanied by or under the supervision of a parent/adult.
- All lifters must have a spotter while using free weights.
- Weights must be stacked on racks after use.
- Members are expected to sign-up before entering the weight room and sign-out when finished (signature and card number required).

**Aerobics Classes**

- All participants must sign-in with the instructor (signature and card number required)
- Participants under the age of 18 must be accompanied by a parent/adult.

The Recreation Department reserves the right to post additional house rules and to act upon any matter not covered.

I have read the above rules and agree to the regulations set forth by the Recreation Department. If I do not follow these guidelines, I understand that my membership to the fitness program will be terminated with no refund of membership dues.

In consideration of the Fitness Program offered by the Fountain Inn Recreation Department at the Fountain Inn Activities Center, Fountain Inn, South Carolina, I, the undersigned, do hereby release and discharge the said Fountain Inn Recreation Department and each and all their agents and employees from any liability whatever to the participating in the fitness program.

I have been advised by the Fountain Inn Recreation Department to check with my doctor before participating in any fitness program. I consider myself to be in proper physical condition to participate in the said fitness program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_