



Healthtrax® Fitness & Wellness

375 East Cedar Street • Newington, CT 06111 • (860) 666-8451 • Fax (860) 665-7016

Muslim Coalition of Connecticut Swim Lessons for Women & Children

Sunday Evenings 5:30pm – 7:30pm
January 20 – February 24, 2013

Participant Name _____ Age _____ D.O.B ____/____/____

Parent's Name (if under 18) _____ Member _____ Non-Member _____

Email Address _____

Program Cost

Swim Lessons = \$100

Free Swim = \$75

Participation Dates (Please check all that apply)

Swim Lessons = \$100	Free Swim = \$75
<input type="checkbox"/> Sunday, January 20 th	<input type="checkbox"/> Sunday, January 20 th
<input type="checkbox"/> Sunday, January 27 th	<input type="checkbox"/> Sunday, January 27 th
<input type="checkbox"/> Sunday, February 3 rd	<input type="checkbox"/> Sunday, February 3 rd
<input type="checkbox"/> Sunday, February 10 th	<input type="checkbox"/> Sunday, February 10 th
<input type="checkbox"/> Sunday, February 17 th	<input type="checkbox"/> Sunday, February 17 th
<input type="checkbox"/> Sunday, February 24 th	<input type="checkbox"/> Sunday, February 24 th
Total # of Sessions _____	Total # of Sessions _____

Do you need child care? Yes No

Waiver of Liability and Assumption of Risk Agreement

MUST BE SIGNED

By signing this waiver of liability and assumption of risk agreement, parent/legal guardian authorizes the above mentioned child to use Healthtrax Fitness and Wellness in Newington, CT, and acknowledges and accepts the risks inherent in the use of Center services, apparatus, appliances, facilities and activities, and voluntarily and expressly assumes the risk of injury, accident, death, loss cost or damage to the child or to their property which might arise from use of the center or its services, facilities, apparatus, equipment or activities and releases the center, its directors, officers, shareholders, representatives, agents and employees from all claims, liabilities, loss, damage, costs and/or causes of action including but not limited to all bodily injuries, property damage whether or not it is contended the center, its agents, representatives or employees or their negligence contributed there to in whole or in part, or was responsible there for.

Signature

(If participant is under 18 years of age, this must be the signature of the parent or guardian of above mentioned children)

Date _____

Healthtrax Use Only

Total Paid _____ Date Paid _____ Form of Payment _____ Staff Initials _____