

# ***FITNESS 4 U Program***

**REGISTRATION FORM**

**Register Date:** \_\_\_/\_\_\_/\_\_\_

Individual or  Group/Team Name: \_\_\_\_\_ Contact name: \_\_\_\_\_  
 Contact Telephone #: \_\_\_\_\_

**Client Information:**  
 (Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Age \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ School Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Please list medical conditions staff should be aware of during the program (e.g., asthma, allergies, etc.):**

\_\_\_\_\_.

**Please Note:**

Please dress in workout attire (e.g., shorts and tee shirt). Bring a comfortable pair of cross-training running shoes. Sessions may be conducted indoors and/or outdoors. Please dress accordingly.

**Important: Please do not wear BLACK SOLED athletic shoes that may mark indoor flooring. Drink plenty of water during the day of training. Bring water bottle to training.**

**Medical Waiver Information:**

I hereby grant permission for my child \_\_\_\_\_ to participate in speed and conditioning activities (e.g., drills, polymeric training, maneuvers, etc.). In the event of injury or illness, I hereby grant permission for the Special Forces personnel to handle any medical emergencies legally in the case that all emergency contacts can not be reached. Furthermore, I grant permission for this minor to be taken to the emergency room of a nearby hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of this minor. I agree to assume all risk incidentals to such participation, including transportation to and from all activities. I hereby waive, release, absolve, indemnify and agree to hold harmless Special Forces Unlimited Inc, the Loudoun County School System, the PSP, XFIT, the Armory, the National Conference Center, Gold's Gym, its officials, sponsors, supervisors, board members and persons managing my child.

**Use of Photographic Images:**

I hereby grant Special Forces Unlimited permission and the right to maintain and use my child's photographic and electronic images and names throughout the year in a professional and ethical manner with out pursuing additional fees and waiving any claims of liability as it relates to privacy.

\_\_\_\_\_ **Print – Parent/Guardian Name**

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Date**

**For Office Use Only:**

**Program selected A B C**

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|--|---|--|
| <input type="checkbox"/> Form rec'd: ___/___/___ | <input type="checkbox"/> Session start date _____ | <input type="checkbox"/> Trainer: _____                |
| <input type="checkbox"/> Rec'd check: # _____    | <input type="checkbox"/> # of Sessions: ___       | <input type="checkbox"/> Location: _____               |
| <input type="checkbox"/> Amount rec'd: \$ _____  | <input type="checkbox"/> Cost/Session: \$ _____   | <input type="checkbox"/> New client                    |
| <input type="checkbox"/> Rec'd by: _____         | <input type="checkbox"/> Group name: _____        | <input type="checkbox"/> Returning client              |
|  |   | <input type="checkbox"/> # of Sessions attended: _____ |