

LCP Registration Form



Registration is easy!

- Use the drop box located at the front desk. Forms are collected throughout the business day.
- Mail your registration form to LifeCenter Plus Attn: Registration, 5133 Darrow Road, Hudson, Ohio 44236

Form must be complete in order for us to process and hold your spot. Due to the overwhelming response to Red Cross Swim classes and racquetball, we have set aside special registration times for these groups. Registration will only be taken during these times.

- I hereby consent to and permit photographs of me and/or my minor children to be used by LifeCenter Plus in any medium - print or electronic.
- No, please do not use photographs of me or my child.

| | | |
|---|-------------------------------|--|
| Participant's Name | If participant is under 18: | Date |
| _____ | Age _____ DOB ____/____/_____ | _____ |
| Last name (parent) | | Phone number |
| _____ | | _____ |
| First Name (parent) | | Email address (required) |
| _____ | | _____ |
| Address | | Member number |
| _____ | | _____ |
| City/State | | *Is class participant a member? Yes No |
| _____ | | _____ |
| Signature—Must be signed prior to participation in class. | | *Membership type: |
| _____ | | Prime Non-Prime Fitness Basics |

| Code | Session Date | Time/Day | Title (include swim level for lessons) | Participant Name | Age | Amount Due |
|------|--------------|----------|--|------------------|-----|------------|
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|---------------------|------------|----------------------------|-----------------------------------|------------------------------------|-----------------|
| Please charge \$ | to my: | <input type="radio"/> Visa | <input type="radio"/> Master Card | <input type="radio"/> House Charge | Office use area |
| Acct. # | Expiration | Security # | Date: | | |
| Signature required: | | | | MOP Cash Check# | |
| | | | | House MC Visa | |
| | | | | Amount Rec. | |

Waiver of Release:

We the above signed, agree to abide by the rules of LifeCenter Plus (LCP). The participant also agrees that all use of LCP facilities shall be undertaken at his/her sole risk, and LCP shall not be liable for any injuries to him/her or his/her property or be subject to any claim, demand, injury for him/herself or damages resulting from acts of active or passive negligence on the part of LCP, its officers, or agents. The participant, for him/herself and on behalf of his/her executors, administrators and assigns, does hereby expressly forever release and discharge LCP, its successor and assigns as well as its officers and agents for all such claims, demands, injuries, damages, actions or cause of action. If participant is under 18 years of age, a parent must also sign this waiver.

***Please note —Prices may vary for non-members as well as level of membership.**