



Healthy 2017-18

Member Fitness Program- Registration

NAME: _____
Please print

This confirms my interest in participating in the Healthy Heart exercise program and acknowledges my understanding that the program does not offer any professional trainers or medical support personnel. Rather, it is simply a group of Country Club Communities Members gathering to participate in a common interest of fulfilling a regular exercise format. I acknowledge that it is my responsibility to ascertain from my personal physician that this program is appropriate for me.

- Please check your preferred day and time, classes are limited to 20 per class.
- Please register early to ensure your preferred days and times.

Dates: **Monday, Wednesday Friday** or **Tuesday, Thursday, Saturday**

Time Preference	8:00am <input type="checkbox"/>	9:00 <input type="checkbox"/>	10:00 <input type="checkbox"/>	11:00 <input type="checkbox"/>	
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1. Would you be willing to serve on a committee? Yes No
If yes, please indicate your area of interest. Program Design Membership
Equipment & Facilities Communications
2. Would you be willing to serve as a Group Leader Yes No
3. Please indicate the months you anticipate being available to participate.

Months	Nov. <input type="checkbox"/>	Dec. <input type="checkbox"/>	Jan. <input type="checkbox"/>	Feb. <input type="checkbox"/>	Mar. <input type="checkbox"/>	Apr. <input type="checkbox"/>
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Fitness Program Waiver

Canadian Country Club Communities Ltd. (CCCC) and Loyalist Country Club (LCC) are not responsible for the contents of this program or your participation in it. CCCC and LCC make no representation that the individuals choosing to lead this program or the exercises within it are experts in the field of personal health and fitness.

Participants are responsible for monitoring their own level of exertion and proper use of the equipment.

I have read the above information and fully understand my obligations within it.

PRINT NAME

SIGNATURE

Telephone: _____ Email Address: _____

Date _____, 2017