

# Southern Pines Recreation and Parks 55+ Senior Division

## Fitness Program — Registration Form

Date of Registration: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: **M** \_\_\_\_\_ **F** \_\_\_\_\_

Address / Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please check all program opportunities in which you plan to participate:**

_____ 1) <b>Tap</b>	Fridays	10:00 am - 11:30 am	\$15r/\$30nr for six month cycle	_____
_____ 2) <b>Fitness Room</b>	Monday – Friday	8:30am - 4:30 pm	\$15r/\$30nr for six month cycle	_____
_____ 3) <b>Table Tennis</b>	Tuesdays	7:00 pm - 9:00 pm	\$15r/\$30nr for six month cycle.	_____
_____ 4) <b>Senior Gym</b>	Monday – Friday*	9:30 am - 11:30 am	\$15r/\$30nr for six month cycle.	_____
	<b>Summer / Mon – Fri*</b>	5:30 pm - 6:30 pm	\$15r/\$30nr for six month cycle.	_____

\*Senior Gym is closed on days that Traditional Schools are out.

**Total Due:** \_\_\_\_\_

***It is strongly recommended that participants check with a physician before beginning any physical activity programs.***

**Please list any medical issues/conditions and medication that you would like us to be aware of**

\_\_\_\_\_  
 \_\_\_\_\_

### Agreement and Liability Waiver (Must be signed before participation begins)

I agree to participate in the program (s) named above, offered by the Southern Pines Recreation and Parks Department. I understand that I shall abide by all department rules as a condition of participation. I am aware that the activity may cause accident or injury as a direct/indirect result of participation. I also agree to assume all risks involved in participating in the activities. I further agree to release the Southern Pines Recreation and Parks Department, its employees, volunteers, and agents from any responsibility should an accident occur.

I hereby grant my permission for emergency transportation to a medical facility and for medical treatment if necessary.

I hereby grant permission for my picture to be taken and possibly used for publicity.

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

## Douglass Community Center

1185 W. Pennsylvania Avenue, Southern Pines, NC 28387

Monday thru Friday, 8:30 am - 5:00 pm v. (910) 692-7376 / f. (910) 692-1835

**Bridget Samson, Senior Programs & Special Events Coordinator**

bsamson@southernpines.net [www.southernpines.net/recreation](http://www.southernpines.net/recreation)



Date Due: \_\_\_/\_\_\_/\_\_\_ Amt Due: \_\_\_\_\_ Date Paid: \_\_\_/\_\_\_/\_\_\_ Rec No: \_\_\_\_\_

Date Due: \_\_\_/\_\_\_/\_\_\_ Amt Due: \_\_\_\_\_ Date Paid: \_\_\_/\_\_\_/\_\_\_ Rec No: \_\_\_\_\_