Visit us at www.KentParksandRec.org in Fall 2007

KENT COUNTY PARKS & RECREATION
P.O. Box 67 * Worton, MD 21678
410-778-1986/1948

Pilates Registration Form
Fall 2007 - Spring 2008

Check Class Level: ___ Beginner (1st Timer) Wednesdays * 5:30-6:15 pm ___ Intermediate/Advanced Mondays * 5:30-6:15 pm

PLEASE PRINT CLEARLY.

Name:_____ Gender: Male / Female Age:_____

Mailing Address:_____

Where Mail is Delivered **City, State** **Zip Code**

Home #:_____Work:_____Other: _____

******Email Address(es): _____

***WHERE TO CONTACT YOU WHEN CLASS IS CANCELLED BY INSTRUCTOR DAY OF CLASS?** _____

Home, Work, Other, Email

Family Physician:_____Phone Number:_____

Emergency Contact:_____Phone Numbers:_____

MEDICAL/PHYSICAL INFORMATION: ***Please answer the following questions. Answers are confidential and used by the instructor for safety and monitoring purposes.***

Do you have any medical or physical conditions or family history that may inhibit your activity in a Pilates class? Please explain:

_____

_____

List any medications or supplements you are currently taking:

_____

Release and Waiver

Pilates is an intense, fitness activity that requires individuals to be in adequate physical condition. As a participant in the program, I feel that I am in good health and have no condition that could endanger my well-being through participation. I am hereby waiving and releasing Kent County Parks & Recreation, its officers, directors, employees and agents from any and all claims, costs, liabilities, expenses, or judgments arising out of my participation. Before starting any fitness program you should first visit your physician for approval and thorough evaluation of your physical ability to participate. In addition I give permission for Kent County Parks and Recreation to take photographs of my participation for the purpose of archives and advertising. My signature below indicates that I have thoroughly read and understood the above waiver and am in agreement.

Participant's Signature: _____ Date:_____

Parent/Guardian Signature:_____ Date:_____

(If participant is less than 18 years of age)

********** KCPR STAFF USE ONLY**********

Co./St. Employee/Student (-$5 or /$8 CBC) Employer/Dept.:_____Student (Verify I.D.):___

Session I: ___$75 ___CASH or CHECK# _____ DATE PD: ___/___/___ STAFF: _Class by Class ___$10 ___$8

Session II: ___$50 ___CASH or CHECK# _____ DATE PD: ___/___/___ STAFF: _____Class by Class ___$10 ___$8

Session III: ___$75 ___CASH or CHECK# _____ DATE PD: ___/___/___ STAFF: _____Class by Class ___$10 ___$8

Session IV: ___$75 ___CASH or CHECK# _____ DATE PD: ___/___/___ STAFF: _____Class by Class ___$10 ___$8