

FREE COMMUNITY GYM
At Faith United Methodist Church
Sponsored by Shikellamy Camp Association

Exercise Membership Registration

Name: _____ Date _____

Address: _____

Phone: _____ Email: _____

Medical information/contact information

Name/phone number: _____

Hospital/Physician preference: _____

Medical conditions (heart/diabetes/injuries/joint replacements/bone or muscle issues/significant medications/etc...)

I consulted with my Physician prior to this training yes no

Name of Physician _____ Phone _____

I am under 21 years of age and my parents or guardian assume all responsibility over me to enter this training.

Parental consent signature _____

Contact information for consenting parent/guardian

Name: _____

Address: _____

Phone: Home: _____ Work: _____ Cell _____

Email: _____

Voucher: I (print name) _____ forfeit all rights to file claims against Faith U.M. Church and/or the Shikellamy Camp Association for any damage that may occur to me or my personal property while using this equipment and participating in this exercise.

(sign) _____

I am willing to offer a responsible donation to the Shikellamy Camp Association to show my appreciation for the use of the equipment and amenities. (sign) _____

I have read the rules for membership and use of this facility and hereby agree to abide by them.

(sign) _____