

Office Use Only

Date:

Registration Form

PLEASE PRINT CLEARLY (Form may be duplicated, only same family members on form).

Form must be complete in order for us to process and hold your spot.

Primary Contact (Adu	ılt)					
FIRST NAME		L	AST NAME _			
ADDRESS	;				_ GENDER (circle) M F	
	ZIPEMAIL				· · · · · · · · · · · · · · · · · · ·	
PRIMARY PHONE ()		AL	TERNATE PH	HONE () _		
Activity Registration						
PARTICIPANT NAME First & Last	BIRTHDATE (mm/dd/yy)	GENDER (circle)	PROGRAM CODE	PROGRAM NAME	PROGRAM DATE/TIME	FEE
		M F				
		M F				
		M F				
		M F				
REFERRAL — How did you hear about the program(s)? WEBSITE						
IF YOU HAVE A DISABILITY AND NEED SPECIAL ASSISTANCE, PLEASE CALL (330) 655-2377 TOTAL FEES \$						
Payment						
Credit Card Street VISA Check (payable to "LifeCenter Plus") Cash (walk-in only) House Charge (available to Members only) NAME ON CREDIT CARD (billing address for credit card must match address listed above)						
CREDIT CARD NUMBER (all 16-digits) SIGNATURE: EXPIRATION DATE (MM/YY)						
Photo/Video Release: I agree to allow the release, please contact fitfriends@lifecent discharge and convenant not-to-sue Lit demands, actions, or causes of action resof or connected with my/our participation in LifeCenter Plus or others listed above). It may be made by me, my family, estate, he death, and that equipment provided for my knowledge of the danger involved and her indeminify and hold harmless LifeCenter Plate that this waiver will continue in full legal for and am freely signing this document (If participants are encouraged to register as of session date and time. A late fee of \$10 Cancellations: Should you wish to cance refund. Voicemail messages are NOT accounted the summer camp has started, there are no reprerequisites being met (if participant in the in the form of a check). In acceptance of	terplus.com. Waiver feCenter Plus, their culting from any accion the above activity nereby voluntarily veirs, or assigns. Furtly protection may be reby agree to accept Plus and other listed arce and effect. I furtly irricipants is under 1 rm, I am giving up Plus is not responsiearly as possible. It is will be applied to all a registration, you septed. LifeCenter Plefunds, no exception a program with a presame manner to we	& Release of Lofficers, employedents, injuries, d (ies) (except for waive any and a her, I am aware inadequate to pin any and all inheabove for any aner agree the velocity of a her, I am aware in a gree the velocity of a her agree the state of a her are in a requires ten s. There are no erequisite, a refinich it was paid	clability: In condictions and volunteers eaths, or loss of an claims legally cause all claims resulting that this activity marevent serious injurement risks of propend all claims arising a parent/guardian in a parent/gu	deration of my partice, from any and all addor damage to my sed by the sole negling from ordinary new ay involve certain risy. I am voluntarily provided as a result of my conceedings shall be available. Fees. To ensure the pregister early in so less days prior to a sent 48 hours' notice. Summer Camp cance classes have begunnt guaranteed). If cash registrations the	cipation, I hereby rel present and future /our person(s) or proligence or willful misegligence, present asks or possible dangeraticipating in this actual injury, or death. I lengaging in this actual injury. I have read to me against LifeCone best availability of the best availability of the cases to ensure a program start date. —two business days cellations. After this including any clayou have paid for a refur	lease, claims, perty arising out conduct of and future, that gers, including ctivity with further agree to tity. I understand m of legal age I this form and enter Plus and f our programs, a better choice Refunds and s to receive a full time and once sses that require class that gets
Signature: Date:						

MOP: Cash Check#

_House MC Visa

Amount Rec'd: