



Crowsnest Pass Recreation



Zumba Fitness Class Registration Form

Fee \$50.00 – Code Prog2 Zumba
Paid

Name: _____

Mailing
Address: _____

Civic
Address: _____

Phone: _____ Email: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

How did you hear about our fitness class? _____

Please list any health problems or concerns _____

I desire to voluntarily engage in an exercise program at the MDM Community Centre to improve my physical Fitness. I assume full responsibility for any injuries or damages which may occur to me in and about the premises of the facility and do hereby fully and forever release and discharge the Municipality of Crowsnest Pass, staff, fitness instructors, from any and all suits claims, damages, cost and expenses of every kind, in conjunction with the use of the facility and equipment.

Participant Signature: _____

