



NANCY OLSON WATER FITNESS REGISTRATION



Name _____ Date _____

Address _____

City _____ State _____ Zip _____ Date of Birth _____

Cell Phone _____ Email Address _____

Home Phone _____ Occupation _____

Physician's Name _____ Phone _____

Is your physician aware of your participation in an exercise program? _____

Emergency Contact 1 _____ Phone _____

Relationship _____ Email _____

Emergency Contact 2 _____ Phone _____

Relationship _____ Email _____

Please share any health issues which may impact your workout. Your health and safety is our top priority!

What do you hope to gain by participating in a water fitness program?

Are you a swimmer? Y N

Are you currently active in an exercise program? Y N What? _____

How did you find Nancy Olson Water Fitness?

Nancy Olson Water Fitness recommends that every participant undergo a complete physical examination before starting this or any exercise program as well as an annual check-up. All limitations should be noted thoroughly and accurately on this form for your health and safety.

In consideration of my participation in this exercise program, I accept responsibility and assume the risk of all injury to my per-son, which might occur directly or indirectly. I release, discharge and hold harmless from any liability whatsoever, Nancy Olson or any other instructors.

Signature _____ Date _____

Print Name _____

Please initial this acknowledgement:

Class packages are non-transferrable and expire as noted on the package you purchase.. _____