



Registration Information

NAME		TODAY'S DATE (MM/DD/YYYY)	
ADDRESS		CITY	STATE ZIP CODE
HOME PHONE	ALTERNATE PHONE		EMAIL
DATE OF BIRTH (MM/DD/YYYY)	AGE	SEX	
PROGRAM(S) (PLEASE INCLUDE PROGRAM NAME, DATE & TIME)			
How did you hear about us? <input type="radio"/> Friend or Family <input type="radio"/> Website Search <input type="radio"/> Email <input type="radio"/> Direct Mail <input type="radio"/> Magazine Ad/Article <input type="radio"/> Newspaper Ad/Article <input type="radio"/> Camp Expo <input type="radio"/> Other _____			
Cooper Fitness Center Member: Yes No, but would like to learn more No, not interested in learning more			

Payment Information

Payment is required at the time of registration.

Please Select One: Cash Check Credit Card Charge to CFC Member Account			MEMBER #
NAME ON CREDIT CARD			
CREDIT CARD TYPE	CARD #	EXPIRATION DATE	
BILLING ADDRESS			
CITY	STATE	ZIP CODE	

All accrued charges are processed by credit card or debit card billing as of the 20th day of every month. All information contained in this form is confidential. If you change cards or need to update any information, contact the Cooper Fitness Center Business Office at 972.385.6800.

- I hereby give permission to Cooper Fitness Center to debit or charge the above account on a monthly basis and agree to provide a 30-day written notice to discontinue this service.
- I wish to receive a monthly statement showing the details of what has been debited to my bank account or credit card.

Signature _____ Date ____/____/_____
(If a minor, signature of parent or guardian)

Cancellation Policy A 24-hour notice of cancellation is required to avoid being charged the full fee for a private, semi-private or group lesson.

Waiver of Responsibility

In consideration of participating in the activities, services, programs and classes of Cooper Fitness Center, and to use its facilities and equipment, I hereby agree and acknowledge the existence of certain risks inherent in the activities which take place on the Cooper Aerobics Center campus, and hereby agree to assume the full risk and responsibility for any injury I may sustain in the course of my use of Cooper Aerobics Center facilities and/or equipment. Specifically, the undersigned accepts full responsibility for, and hereby waives, releases, covenants not to sue and forever discharges Cooper Aerobics Enterprises, Inc., Cooper Fitness Center and its offices, agents, employees, representatives and all others from any and all responsibilities or liability for injuries or damages resulting from participation in any such activities or from use of equipment at said facility except for direct damages for any such injuries or damages caused by an intentional act or gross negligence by any of the foregoing.

I certify that I have read this Waiver of Responsibility and agree with all contents of the waiver. I currently have no physical infirmities or limitations that prevent me from exercising safely.

Signature _____ Date ____/____/_____
(If a minor, signature of parent or guardian)

Emergency Contact

Name _____ Phone _____