



## EXERCISE CLASSES CLASS REGISTRATION FORM

Name \_\_\_\_\_

Street \_\_\_\_\_

Town/City \_\_\_\_\_ Zip \_\_\_\_\_

Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work# \_\_\_\_\_

Email \_\_\_\_\_ M / F Date of Birth \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Care Physician \_\_\_\_\_  
Dr Phone # \_\_\_\_\_

### How Did You Hear About This Program?

Email Newspaper Friend Patient Other \_\_\_\_\_

I certify that I am in good physical health and have no limitations that may predispose me to risk of injury during this exercise class. I will hold McCune & Murphy PT harmless if I have any difficulty with the class and will see my physician.

Signature of Participant \_\_\_\_\_

I agree that McCune & Murphy Physical Therapy shall not be liable for any injury resulting directly or indirectly from my participation in these exercise classes. I further agree that I discharge McCune & Murphy PT and its employees from all actions, claims and demands I may have for any injury or damage incurred.

Signature of Participant \_\_\_\_\_

_____ Ageless Agility	\$70	_____ Pilates	\$160
_____ Ageless Fitness	\$70	_____ Boomercise	\$120

**For Credit card users:** I authorize \$ \_\_\_\_\_ to be charged to my account by McCune & Murphy PT.  VISA  MC Card # \_\_\_\_\_ Exp date \_\_\_\_\_

**OFFICE USE ONLY:** AMOUNT PAID \$ \_\_\_\_\_ CK# \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

CASH RECEIPT# \_\_\_\_\_ DATE PAID \_\_\_\_\_ INITIALS \_\_\_\_\_