



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.

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 _____ Ageless Fitness _____

For Credit Card users: I authorize \$ _____ to be charged to my account by McCune & Murphy PT
VISA Master Card Card # _____ Exp Date _____

Cardholder's Signature _____

OFFICE USE ONLY: AMOUNT PAID \$ _____ CK# _____ CREDIT CARD _____ CASH RECEIPT# _____ DATE PAID _____ INITIALS _____
