

Class/Camp Registration



Please Print All Information

REGISTRATION FORM

One Registrant Per Form

MEMBER

NON-MEMBER

Participant _____ Birthdate _____ Age: _____

Phone: (H) _____ (Cell) _____ Email: _____

Address _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Relationship _____ Phone: _____

If registrant is a child, does he/she have a physical or mental condition that would limit his or her participation in our program? Yes / No
Please explain: _____

Does registrant take any medication on a regular basis? Yes / No If yes, type: _____

Is Registrant a New Participant? Yes / No

Program/Camp Name & Description	Days or Week #/Time	Start Date	Cost

Guest represents that he or she is in sound physical condition and able to use the equipment provided and to participate in the exercise and fitness programs provided by NFAC, Inc. t/a Big Vanilla Athletic Club. Guest must follow supervised fitness programs if he/she wishes to use the gym, and must follow any instructions given by any Big Vanilla Fitness Counselor or manager. Guest fully understands there is the possibility of accidental or other physical injury. USE OF THE FACILITY, INCLUDING THE EQUIPMENT, THE PARKING LOT, THE SHOWERS AND LOCKER ROOMS AND ALL OTHER PARTS OF THE FITNESS CLUB PROPERTY IS AT THE SOLE RISK OF THE GUEST. Big Vanilla represents that its personnel have no expertise in diagnosing, examining, or treating medical conditions of any kind, or in determining the effect of any specific exercise on said medical condition. Guest further waives any claims and releases Big Vanilla from any and all liability on part of Big Vanilla to either the guest or a third party as a result of the use by the guest of the facilities and instructions offered by Big Vanilla.

Adult Participant or Parent/Guardian (Print Name) _____ Signature _____ Date _____

Payment Method: VISA/MC AMEX DISC Check Cash CC #: _____ Exp: _____

Drop off Registration at Big V / Fax Registration to 410.544.2528, or mail registration and check or money order made payable to: Big Vanilla Athletic Club, 1209 Ritchie Highway, Arnold, MD 21012

Martial Arts Camp and programs must be made payable to Sherman's Martial Arts. Amount Enclosed \$ _____

FOR OFFICE USE ONLY. Staff's Initials _____ Receipt # _____ Date Paid _____ Approval Code _____ EZ Facility

7/09

Fees: All payments are non-refundable. All registrants must pay for their first week of camp in full at time of registration. Multiple weeks of camp require a \$50 non-refundable deposit. Deposits will be applied towards the balance due. Balance due on additional camps must be paid 2 weeks prior to the camp's start date.

Birthday Party Interest:

Parent/Guardian Name _____ Email _____

Day Phone _____ Evening Phone _____ Cell _____

1st Date Choice ____/____/____ 2nd Date Choice ____/____/____ 3rd Date Choice ____/____/____

Number your favorite party choices: Rock Wall Kids Fitness Themed Party Tennis Pool Hip Hop Martial Arts