



5 Browns Lane
 Hawthorne, NY 10532
 914-592-3737
 www.solarisclubs.com

PROGRAM REGISTRATION FORM

- One registration form per person, please.
- **THIS FORM MUST BE COMPLETED (AND ACCOMPANIED BY PAYMENT IN FULL OR PAID WITH AUTOPAY) IN ORDER FOR YOUR REGISTRATION TO BE ACCEPTED**
 - Space will be limited... register early!

***Please read our policies on the back of this page.**

Updated 5/2/2016

Participant's Name: _____

D.O.B.: _____ Age: _____ Sex: M / F E-mail: _____

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

In case of emergency, call: _____ Phone #: _____

Name of Program: _____ Shirt Size: _____

Program Day: _____ Time: _____ Cost: _____

Method of Payment: Checks: Make payable to Solaris Sport & Racquet Club
 Credit Card: MasterCard ___ Visa ___ Discover ___

Credit Card # _____ Exp Date _____ Amount Paid: _____

Waiver and Medical Release - MUST BE SIGNED UPON REGISTRATION

Payment Options:

After deposit, balance is due in full by the first day of play OR join our convenient Autopay plan. AUTOPAY: Deposit upon registration with balance paid in automatic credit card installments without interest. A separate agreement must be filled out and signed. Paid in Full: _____ Will use Autopay: _____

I hereby warrant and represent that I have no disability, impairment, or ailment preventing me from engaging in active or passive exercise or activity that will be detrimental to my health, safety, or physical condition if I so engage or participate. This representation is made by the undersigned knowing that SOLARIS SPORT & RACQUET CLUB (the "Club") will rely on the same. The undersigned hereby acknowledges that in using the facilities, programs and equipment of the Club I do so entirely at my own risk. In consideration of my ability to use the Club's facilities and equipment I expressly agree that the Club shall not be liable for any personal injuries or any loss or damage to property sustained on or about the Club premises resulting from or arising out of the acts or omissions of the Club and/or its staff, or the acts or omissions of any other person on the premises of the Club and I assume full responsibility for same. I affirm that there are inherent risks in all health and fitness club activities that I am aware of and appreciate these risks and I assume all responsibility for personal injury and/or loss from these injuries.

I understand that the participant may be photographed during a program and that the photo may be used for promotional materials.

I further agree to release from liability and to indemnify and hold harmless the Club for any and all claims arising as a result of my engaging in Club activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

I affirm that I am of legal age and am freely signing this agreement, or that I am the parent or legal guardian of the minor for whom I am signing. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of the Club.

By signing below I also confirm that I have read and understand the Payment/Refund Policies of the Club.

 Signature of Participant Date Signature of Parent if Participant is under 18 Date