



23 Radio Place  
Stamford, CT 06906  
203-359-0601  
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!

Updated 4/28/2016

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 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 RAQUET 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.

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