



Believe. Become. *Belong.*

GUEST REGISTRATION FORM

First Name: _____ M.I. ____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ DOB: _____

Phone Number: _____ Phone Number: _____

Drivers License State/Number: _____

In Case of Emergency Contact Name/Number:

Guest of: _____ Member Number: _____

Are you interested in receiving information about membership to City Club? _____

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program.

I understand that any exercise program I undertake may create physical stress and subsequent harmful effects. I agree that it is solely my responsibility and not the responsibility of City Club at River Ranch to request me to consult with a physician prior to commencing any exercise program, to remain under medical supervision is that is indicated, and to seek medical assistance in the event of an injury. I recognize that the use of the equipment entails some risk of accidental injury to myself and to others and I agree that I will use such equipment and facilities with due care.

I agree to conform to and be bound by the rules and regulations of the City Club, and acknowledge that a copy of the City Club Rules and Regulations is available upon request.

Print Name

Signature

Date

Accepting Associate