

MIGHTY STRONG MOMS REGISTRATION FORM

NAME _____ DOB _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

EMERGENCY CONTACT _____

RELATIONSHIP _____ PHONE _____

MEDICAL CONDITIONS _____

MEDICATION TAKEN _____

Liability Release: I do hereby agree to release all liability and claims against the instructor, facility or any other party involved due to any injuries, accidents, negligence or any other circumstances arising from participation in this program with respect or any time prior, during and after class.

SIGNATURE _____ DATE _____

GLOVE SIZE _____ GLOVE COLOR _____

AMOUNT PAID \$ _____ CHECK # _____ CASH _____ RECEIPT # _____