

Boot Camp Registration

4-week sessions 6:00-7:00 PM Monday – Thursday

Session 3: May 10th-June 3rd
Session 5: July 12th-August 5th

Session 4: June 7th-July 1st
Session 6: August 9th-September 2nd

Session 7: September 13th-October 7th

Name: _____ Phone: _____
Home Cell

Address: _____ City: _____ Zip: _____

Monday Tuesday Wednesday Thursday Total Enclosed: _____

Session (circle all that apply) 3 4 5 6 7

Please make checks payable to: *Walker Ice & Fitness Center*

Visa Mastercard Account Number: _____ Exp. Date: _____

Monday-Thursday 6:00-7:00 PM

\$45.00/one day per week
\$55.00/two days per week
\$65.00/three days per week
\$75.00/four days per week
(Per session)

Walker Ice & Fitness Center is hereby relieved of any and all responsibility for any injury sustained by the above participant while participating in this Boot Camp program. Any and all claims against Walker Ice & Fitness Center precipitated by any such injuries are hereby waived. Permission is granted to the Walker Ice & Fitness Center to obtain any necessary emergency services at the expense of the undersigned, should injuries be incurred. Permission is granted for photographs and pictures to be taken and released to Walker Ice & Fitness Center for publication.

Name

Date

Print Name