



# Program Registration



Please print clearly

Trainer Name \_\_\_\_\_

Name: \_\_\_\_\_ Member Barcode: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Sessions/week	Member Rate:	Non-Member Rate:
1 Days/week	\$80/mo.	\$90/mo.
2 Days/week	\$100/mo.	\$110/mo.
Unlimited	\$120/mo.	\$130/mo.
*Non-Member Initiation Fee		\$50

**All CHAOS program fees are charged to your GLAC membership account.**

I hereby authorize Great Lakes Athletic Club to charge my membership account for the CHAOS monthly class fee of \$ \_\_\_\_\_ as a CHAOS participant. I understand a **14-day** written notice is required to discontinue the monthly CHAOS charge to my Great Lakes Athletic Club membership account. This may result in an additional monthly charge, based on the date we receive your cancellation notice.

**I have read and fully understand this agreement. Please Initial \_\_\_\_\_**

**PAYMENT:** *First Month Pro-rated* Start Date: \_\_\_\_\_

Credit Card \_\_\_\_\_  Cash  Check # \_\_\_\_\_

CVC Code \_\_\_\_\_ Expiration Date: \_\_\_\_\_

There is an inherent risk of injury in the use of or presence in Great Lakes Athletic Club, the use of its equipment, services, and participation in its programs. Whether such participation occurs at the facility or in supervised or unsupervised activities sponsored or endorsed by GLAC at a specified or unspecified location. I understand and fully accept this risk for myself and shall hold this club, its shareholders, directors, officers, employers, representatives and agents harmless from any loss, claim, injury, damage or liability sustained or incurred by me resulting from there from. In the event of an emergency, I give my permission to GLAC to secure all necessary and required medical treatment for myself or the named participant on this document and/or any accompanying or attached documents. Refunds will not be issued for cancellations initiated by the participants in any GLAC sponsored programs, service, or sponsored or non-sponsored event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize and release with permission, specific photo(s) for use by GLAC.