



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CrossFit Hannibal Registration



ONE WEEK FREE TRIAL

Today's Date \_\_\_/\_\_\_/\_\_\_

## Member Contact Information

Member First Name	Member Last Name	Date of Birth	<input type="radio"/> M <input type="radio"/> F
Home Address	City	State	Zip
Phone Number	Primary Email Address		
Emergency Contact	Relationship	Phone Number	

**CROSSFIT HANNIBAL PRICING:** 10% off for Military, Law Enforcement and First Responders

TYPE OF PAYEMNT	MONTHLY PRICING:
PERSON PER MONTH SHORT TERM (30 days)	\$85
PERSON PER MONTH ACH (MUST FILL OUT ACH AGREEMENT)	\$65
STUDENT SHORT TERM 18+ full time student (30 days)	\$60
STUDENT MONTHLY ACH 18+ full time student (MUST FILL OUT ACH AGREEMENT)	\$45
JUNIOR MONTHLY ACH 14-17 years (MUST FILLS OUT ACH AGREEMENT)	\$35
JUNIOR MONTHLY SHORT TERM 14-17 years (MUST HAVE PARENTAL AUTHORIZATION)	\$50



TURN OVER TO THE BACK →

# CROSSFIT HANNIBAL PARTICIPATION RELEASE

I, \_\_\_\_\_, member of the YMCA of Hannibal, wish to participate in the CrossFit Hannibal program offered by the YMCA of Hannibal. I understand the inherent risks in participating in an exercise program that may involve strenuous exercise. I agree that the employed trainers and the YMCA of Hannibal shall not be held liable or responsible for any injuries to me resulting from my participation in the CrossFit training program (whether at home, in the fitness facility, or another corporate, commercial facility).

1. I certify that the answers to the questions outlined in all other health-related documents are true and complete to the best of my knowledge. I acknowledge that medical clearance may be required based on the health screening, and the recommendation of the personal training staff.

**I have read and understand this paragraph. \_\_\_\_\_ INITIAL**

2. I agree to release the contents of my file to my medical practitioner at the discretion of my CrossFit trainer and the Wellness Director. I also agree to allow communication between my CrossFit trainer and medical practitioner to inform him/her of the scope of the program I am participating in and allow for professional input to the program.

**I have read and understand this paragraph. \_\_\_\_\_ INITIAL**

3. I understand and agree that it is my responsibility to inform my CrossFit trainer of any conditions or changes in my health, now and ongoing, which may affect my ability to exercise safely and with minimal risk.

**I have read and understand this paragraph. \_\_\_\_\_ INITIAL**

4. I understand that should I feel light-headed, dizzy, faint or nauseated, and/or experience any pain or discomfort that I am to stop the activity and inform my CrossFit trainer. **I**

**have read and understand this paragraph. \_\_\_\_\_ INITIAL**

5. I understand that I am not obligated to perform or participate in any activity that I do not wish to, and that it is my right to refuse such participation at any time during the programs.

**I have read and understand this paragraph. \_\_\_\_\_ INITIAL**

6. I understand the results of any fitness program cannot be guaranteed and that my progress depends on my efforts and cooperation in and outside of the program.

**I have read and understand this paragraph. \_\_\_\_\_ INITIAL**

7. I understand that program fees are non-refundable.

**I have read and understand this paragraph. \_\_\_\_\_ INITIAL**

8. I understand I will keep an positive attitude and be respectful to the coaches. If I do not, I will be removed from the program with no refund. **I have read and understand this paragraph. \_\_\_\_\_ INITIAL**

**I have read this Participation Release and Agreement and I understand ALL OF THE TERMS. I sign it voluntarily and with knowledge of its significance.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CrossFit Instructor Signature

\_\_\_\_\_  
Date