

# Registration Form

## Aiello SportsFit Group / Walk Run Training

Spring / Summer 2011

Mondays, May 2nd – June 27th and July 11th - August 29th, 2011

Boulan Park Track, Troy

### PARTICIPANT

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Referred By \_\_\_\_\_

Please describe any current or prior problems or any physical injuries that may restrict your full participation in this program:

\_\_\_\_\_

\_\_\_\_\_

### REGISTRATION FEE \* PAID

Date of registration \_\_\_\_\_

\$ 25.00 Workshop applied Yes/No \_\_\_\_\_

Patient/Student/Members	1st session	\$ _____
	2nd session	\$ _____
\$100.00		

Non-Members	1st session	\$ _____
	2nd session	\$ _____
\$125.00		

	1st session	\$ _____
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\* Registration Fee Includes: 8 Sessions, Pre & Post-Program Biometric Check, Tote Bag, Sport Towel and Progress Tracking Card

Payment due at time of Pre-Program Biometric Check (prior to the May 3rd start of program)

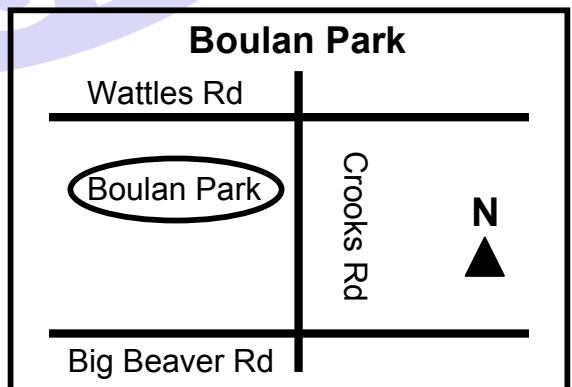
### PARTICIPANT AGREEMENT

WAIVER: I know that running/walking is potentially hazardous. I should not participate unless I am medically able and properly trained. I agree to abide by any decisions by the sponsoring organization relative to my ability to safely participate in this training. I assume all risks associated with my participating in this program including, but not limited to, falls, contact with other participants, and effects of the weather, traffic and conditions of the course. I understand that the training will be closed to baby strollers, roller skates, bicycles and dogs. All such risks being known to me having read this waiver, and knowing these facts, I myself and anyone entitled to act on my behalf, waive and release the Aiello Group and ShitoKan International, employees and volunteers, any/all other trainers, sponsors and their representatives and successors from all claims and liabilities of any kind arising out of my participation in this training. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, videotape, motion pictures, recordings, or any other record of this training for any legitimate purpose.

I, the undersigned, have read, acknowledge, agree and fully understand the above conditions of my participation in the Aiello Group Walk Run Training program.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Co-signed (Parent or guardian if under 18 years) \_\_\_\_\_



Contact the Aiello Group for your Pre-Program Biometric Check

605 W 11 Mile Rd, Royal Oak, MI 48067

(248) 542-4314

www.AielloGroup.org