

School District of Spencer Fitness Center Registration Form

Name : _____

Street Address _____

City, State _____

Phone number including area code: _____

Email Address: _____

In case of emergency, please contact (name and phone number)

Name: _____ Number: _____

Child(ren) age 15 or older that I will take responsibility for and will use the fitness center under my direct supervision:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Registration Checklist: (For office use only)

- _____ Acknowledgement and agreement of Rules and regulations
- _____ View video outlining proper use of fitness center and equipment
- _____ Acknowledgement and agreement of Waiver of Liability, Assumption of Risk and Indemnity Agreement for the School District of Spencer, Spencer, WI
- _____ Provide identification to be utilized as background check for Sex offender database.
- _____ Pay \$10 for a key fob.

By checking this box, you indicate that you have read and will follow the above rules and regulations.

Signature: _____ Date: _____

Approved:

First Reading:	October 20, 2021
Second Reading:	November 17, 2021