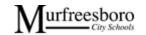


Fit for Success Registration Form





MCS Employee Name:	Department/Title:		
Address:			
Street No. & Name	Apt.#	City	Zip Code
Phone: Work:	Home: _		
Email Address:			
Name		Relationship	Age
Dependent			
Participants:			
*Participants must be eligible for your insure	ance. (i.e.: legal childre	en under 26. leaal spouse, doci	 umented children in custody, etc.)
		ermission - PLEASE READ CA	
transportation to the sport or activity I know and understand foreseeable and un participants, the City, its employees o not. I deliberately and knowingly assume all conbut not limited to cost of medical trea activity. I waive, release and hold harm responsibility and from all costs, injuril limited to, cost of medical treatment, If I am not present, or if present, not able to obtain or provide any first aid or ot at my expense and this is subject to the forth in the paragraph above. I give my permission for any photos or vide activity to be used for educational, provide that in the event of any lawsuits ar courts for Rutherford County, Tennes	nforeseeable injuries r volunteers, contract sts, risks of injury and tment, permanent injuries the City, its empermanent injury or out of make decisions, I a her medical treatment waiver, release, asset to footage of myself a comotional, or any othising from this agreer	could occur from actions of tors with the City and other damages for myse iury or death, and property appears, volunteers, and ager ages for myself and/or my chideath, and property damage outhorize the City, its employent which they deem necessal sumption of costs, risks, and and/or my child or ward takener purpose.	If and/or my child or ward, including lamages resulting from this sport or lats from all legal and financial lid or ward (including but not activity). If on this sport or activity. If you have a contractors and a contractors are for me or my child and/or ward hold harmless agreement, etc. set
Participant:		Date:	
(Employee)		Data	
Participant:Signatur	·	Date: _	
To cancel your Fit for Success member		g a notice of cancellation to	the office of Coordinated School
Healt	h. Your membership	will renew yearly otherwise.	
Once Coordinated School Health has ta	•	•	• •
Sports*C If you need any assistance contact Al	•	or Success facility pass creat orts*Com (895-5040) or Rene	
Office Us	e Only	Facility Use O	nly
Received by Coordinated School He	ealth:	Date I	Pass Created: