Activity Registration Form
Complete One Form Per Household

Today’s Date ___________________________ FRC Member: Y / N

Head of Household: ____________________________________________________________

E-Mail: _________________________________________________________________________

Complete below if NEW to FRC programs:

Mailing Address: ________________________________________________________________

Street City/Town State Zip

Day/Work Phone # __________________________ Evening/Home Phone # __________________________

**Please refer to the program specific flier or our website PRIOR to registering**

<table>
<thead>
<tr>
<th>Participant’s Name</th>
<th>Date of Birth</th>
<th>Sex M/F</th>
<th>Registration Code</th>
<th>Class Description</th>
<th>Fee</th>
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Assumption of Risk and Release:

I understand that there are risks, as well as benefits, associated with participation in the class. I understand that the risks include personal injury, disability and even death. I, on behalf of myself, my child, and those acting on my or my child’s behalf, voluntarily assume all risks involved in participating in said activity. Furthermore, in confidence of the benefits, I, on behalf of myself, my child and those acting in my or my child’s behalf, irrevocably and unconditionally release and hold harmless The Fitness and Recreation Center and those acting in its behalf from any and all liability, lawsuits, claims, and actions arising from or connected with participation in said activity.

I have read this release and I understand its content.

Signature of Participant or Guardian ___________________________ Date ___________________________

Most of our programs are constructed around the University of Maine Farmington academic schedule and student staff availability.

For Front Desk Use Only

Step 1: Log in RecTrac & Take Payment  Step 2: Complete bottom section, file in appropriate folder

Payment Amount: ___________________________ Date: ___________________________

Payment Type: ___________________________ Staff Initials: ___________________________