Hosanna House
Fostering Education • Inspiring Hope • Celebrating Life

Hosanna House, Inc. Fitness & Wellness Program Registration Form

Services being used

Check all that apply: ☐ Fitness Center ☐ Fitness Classes ☐ Family Swim ☐ Intramural Sports

Participant Information

Name:		
Street Address:		
City: State: Zip Code:		
Email Address:		
Home Telephone #: (____) _____-_____		
Mobile Phone #: (____) _____-_____ Mobile Provider:		
DOB:__/___/___	Gender: M / F	School District:
Experience Level: (Circle one) Beginner Intermediate Advanced		
I am physically able to participate: Y / N		

Emergency Contact Information	**Parent/Guardian Contact Information (Complete for children under 18)**
Name:	Name:
Relationship:	Relationship:
Street Address: (List if different from above address)	Street Address: (List if different from above address)
City: State: Zip Code:	City: State: Zip Code:
Email Address:	Email Address:
Home Telephone #: (____) _____-_____	Home Telephone #: (____) _____-_____
Mobile Phone #: (____) _____-_____	Mobile Phone #: (____) _____-_____

Consent and Release(s):

- I release HHI from any and all liabilities in the event of an injury to my child while at HHI. (____) initial
- I assume all risks and hazards incidental to such participation. (____) initial
- I hereby waive, release, absolve, indemnify, and agree to hold harmless HHI, the organizers, all officers, directors, sponsors, supervisors, participants, volunteers, employees, agents and instructors from any claim arising out of an injury or accident. (____) initial
- I and/or my child agree to participate in the HHI Fitness & Wellness Program under its facilities rules and regulations. (____) initial

807 Wallace Avenue ~ Wilkinsburg, PA 15221
Main (412) 243-7711 Fax (412) 243-7733
www.HosannaHouse.org