



Program Registration, Payment and Waiver

Today's Date _____ LSCO MEMBER YES NO

Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone (H) _____ Cell _____

Date of Birth _____ LSCO Membership # _____

Emergency Contact Information

Full Name _____

Relationship to Applicant _____

Telephone (H) _____ Cell _____

1. To the best of my knowledge, I am physically sound and have medical approval by my doctor to participate in **physical exercise activities** of the type normally engaged in a voluntary / nonprofit health and **fitness facility and physical activities** like those offered at LSCO.
2. I understand there is a risk of personal injury, death or loss of or damage to personal property by my participation in the programs offered at LSCO and that I fully assume all responsibilities and liability of risk from my participation.
3. Membership, programs and classes are non-transferable. LSCO memberships are non refundable.
4. I have carefully read and understand its contents. I have voluntarily signed of my own free will.

Printed Name: _____ Signature: _____

Class Name: _____ Fee: _____

Class Name: _____ Fee: _____

Payment Type: Cheque (payable to LSCO) Cash Credit Card (Visa/Mastercard)

Card #: _____ Expiry Date: _____ Amount Charged on Card _____

Name on Card: _____ Signature authorizing payment: _____