



WISC Registration

(Please Print)

Name (Parent's if under 18): _____
(First, Last)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____
 (**WISC uses email as a primary means of communication, i.e. schedule changes, promoting special events. You may unsubscribe at any time.)

Work Phone: (____) _____ Home Phone: (____) _____ Cell Phone: (____) _____

Employer: _____ Title: _____

Spouse's Name: _____ Work Phone: (____) _____
(First, Last)

Employer: _____ Title: _____ Cell Phone: (____) _____

Emergency Contact: _____ Emergency Contact Phone: (____) _____

Do you have Health Insurance: Y N Health Insurance Company: _____

Physician's Name: _____ Physician's Phone: _____

How did you hear about WISC? (Circle All That Apply)

- Child's School Coffee News Daily Press Email Family Member Flyer Friend Gazette
 Other Client Previous Member Radio Toano Norge Times Website WISC Staff Member

PROGRAMS						OFFICE USE ONLY	
Name	DOB	M/F	Class/League/Team	Term	Days/Times	Member #	Cost
SELF (ONLY if signing yourself up)							

PLEASE COMPLETE THE WAIVER ON THE BACK – THANK YOU

Program Policy: All deposits, registration fees, and program fees are non-refundable and non-transferable. No credits will be given unless unusual circumstances/emergencies occur. To be considered for a credit, all requests must be made in writing with the required documentation attached. All requests will be handled on an individual basis and are subject to approval by WISC Management. If you or your child are removed from a WISC program/event due to safety/disciplinary reasons, there will be no credit or refund issued.

Office Use Only	Office Use Only	Office Use Only
<u>Charges</u>		
Yearly Registration: \$ 20 25	Payment Type: ___ Cash ___ Check # _____	
Program Fees: _____	(Check One) ___ Visa/Mastercard B/R # _____	
Total: _____		
Payment Date: _____	<input type="checkbox"/> Entered into EZ Facility Date: _____	Staff Initials: _____

WAIVER AND RELEASE
Williamsburg Indoor Sports Complex

INDIVIDUAL AGREEMENT: I intend to use or participate in some or all of the activities, facilities, equipment, programs and services offered at or by Williamsburg Indoor Sports Complex LLC ("WISC"). WISC's facilities are below referred to as "the WISC".

1. In consideration of gaining membership or being allowed such use or participation at WISC, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge WISC and its owners, officers, agents, employees, representatives, executors, successors and assigns from any and all responsibilities or liability for injuries or damages resulting from any participation in any aspect of any activities or programs or my use of equipment or machinery in WISC's facilities or arising out of any activities or events occurring at the WISC.

Please Initial _____

2. I understand and am well aware that strength, flexibility, fitness, exercise and sports activities, including the use of equipment, is potentially hazardous and there is the risk of injury and even death. I also understand that everyone (including myself) has a different capacity for participating in physical activities. I am also aware that all activities, facilities, programs and services at the WISC are either educational, recreational, social, or self-directed in nature. Knowing that, I agree that my participation in any and all of the activities at WISC is strictly voluntary and has not been requested or required by WISC. I further agree that my participation in any and all of the activities at WISC is at my own risk and that I assume any and all risk of injury, illness, damage or loss that might result. I also agree to assume all risk of damage, loss or theft to or of any of my personal property.

Please Initial _____

3. I hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities at the WISC. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate in these activities, programs, facilities and services at the WISC, or that I have decided to participate without the approval of my physician. Accordingly, I do hereby assume all responsibility for my participation in such activities, programs, facilities and services, as well as for my use of any and all equipment and machinery in connection with them.

Please Initial _____

4. Finally, I understand that the activities, facilities, equipment, programs and services offered at the WISC may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of WISC employees, agents, representatives or volunteers will vary according to their training and experience. I also understand that no claim has been or is being made by WISC to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed by WISC to provide such professional services.

Please Initial _____

PARENT/GUARDIAN-CHILD AGREEMENT: I am hereby giving my consent and permission for my child/children
(List child/children's names in the lines provided.)

to be an active member of the WISC and to participate in the activities and programs for which they are registered. I understand that under certain circumstances they will be able to workout or participate in activities without direct supervision. I acknowledge that I am responsible for their actions, and that if they are not demonstrating proper usage of machines, facilities or equipment or exhibiting proper behavior, they will face appropriate disciplinary actions. I understand that WISC's is a family atmosphere and that my child/children need my support, motivation, encouragement and supervision to succeed in a fitness or sports program, and I agree to provide it.

Participant Name: _____ Date: _____
(Please Print)

Participant's Signature: _____ Date: _____
(If member is under 18 – Parent's Signature)

WISC Representative: _____ Date: _____