



WEIGHT TRAINING CIRCUIT CLASS REGISTRATION FORM

ENROLLMENT INFORMATION:

Name _____ Phone Number _____
Street Address _____ Zip _____
Email Address _____ Church Affiliation _____
Emergency Contact Name _____ Emergency Contact Phone _____

How did you find out about this program? _____
Would you like to receive information about other programs/activities at Kingswood? _____

DATES/TIMES FOR OCTOBER/NOVEMBER 2009 SESSION:

Monday 10/05/09	Monday 10/26/2009
Thursday 10/08/09	Thursday 10/29/2009
Monday 10/12/09	Monday 11/02/2009
Thursday 10/15/09	Thursday 11/05/2009
Monday 10/19/09	Monday 11/09/2009
Thursday 10/22/09	Thursday 11/11/2009

PLEASE INDICATE BELOW WHICH CLASS YOU WILL BE ATTENDING

_____ 12:15pm to 12:45pm
_____ 1:15pm to 1:45pm

All classes will be held in the weight room (room 213 in the Community Life Center)

WAIVER:

I agree to participate in the circuit classes offered by Kingswood Community Life Center. I realize there is a degree of risk or possible injury with any exercise class. I also acknowledge that I should consult a physician before beginning any exercise class. I agree to hold Kingswood Community Life Center and the instructor, Teresa Scheele, harmless from any claims resulting from injury in these classes.

Signature _____
Printed Name _____
Date _____

To register, please return this form with **\$96 fee** to the church office (ATTN: Dondra Davis, 5015 Tilly Mill Road, Dunwoody, GA 30338). Make checks payable to Kingswood United Methodist Church. If you have any questions, please contact Dondra Davis at sportsdir@kingswoodumc.org 770-457-1317, ext. 22.

5015 Tilly Mill Road ♦ Dunwoody, GA 30338
phone: 770.457.1317 ♦ fax: 770.454.7330 ♦ www.kingswoodumc.org