

Teen Fitness Clearance Pass Registration Form

For members only ages 12-17 years of age

To be eligible to participate in the Teen Fitness Clearance Pass class and to obtain the appropriate I.D. card allowing you to use the equipment in the Wellness Center, please complete the following document and have a parent or legal guardian witness and sign at the bottom. For more information or should you have any questions, please contact Tracy Cohee, Association Wellness Director at 410-822-0566 or by e-mail at tjcohee@talbotymca.org

Name of member: _____ Age: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____

Name of Parent or guardian: _____
Relationship to member: _____ Daytime Phone: _____

Reason for requesting participation in class:

List any other activities in which you are involved that are physical in nature:

Date completing form: _____

Member signature

Parent/Guardian Signature

FOR OFFICE USE:

Date form received at the front desk: _____

Staff signature or initials: _____

Please place in Tracy's mailbox attached to the registration receipt, thanks!