

Ogden Community Center

220 Willow Street • Ogden KS, 66517 • (785) 537-0351

Adult Fitness Form

Name _____ DOB _____

Work Phone: _____ Home Phone: _____

Alt. Phone: _____

Address _____

Street

City

State

Zip

Emergency Contact

In case of emergency, whom should we contact?

Name _____ Phone _____

Address _____ Relationship _____

Street

City/State/Zip

Allergies/Conditions _____

Waiver

I am requesting to use the **Ogden Community Center Fitness Room**. I release the Ogden Community Center in case of injury that may result in said participation, as well as any monetary compensation or in and all claims from such use.

Signature _____ Date _____

Rules

- All participants must sign in
- If you break it you replace it
- If center rules are not followed participants will be asked to leave and privileges may be revoked.

Signature _____ Date _____

Print Name _____

Staff Use Only

Membership Date _____ OCC# _____ Staff's Initials _____

Paid: Yes _____ No _____ Amount \$ _____