

## **Enrollment Form- Fitness**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**How did you hear about fitness classes, a friend? If so who was it?**

**Do you attend church anywhere? Yes No Occasionally**

**If so, where?** \_\_\_\_\_

### **Medical Conditions:**

**I understand that participation in this program will involve strenuous, and prolonged physical activity. I have been released by my physician to participate in physical activity.**

### **Release of liability:**

**I/we, the undersigned, do hereby release, and forever discharge First Baptist Church of Choctaw, Oklahoma from any and all claims, demands, actions or cause of action, past, present, or future arising out of damage or injury while participating in activities at First Baptist Church.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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