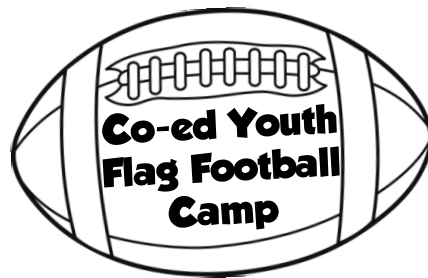




**TotalFitness**  
FAMILY REC CENTER

1110 -16th Ave Ct SE  
Dyersville IA 52040  
563.875.2727



## Youth Flag Football Workshop 2015 Registration Form

**Let your K through 5th Grader learn the fundamentals  
of flag football in a real game situation! Co-ed.**

**Dates: Four Sundays: Sept. 27, Oct. 4, Oct. 11, and Oct. 18th**

**Time: 1:00 pm to 3:00 pm**

**Three Co-Ed Divisions: K/1st, 2nd/3rd, and 4th/5th Grades**

**Total Fitness Family Memberships: \$20 per child**

**All Others: \$30 per child**

**Deadline: Sept. 20th**

**★No refunds**

✂-----

Child's First Name \_\_\_\_\_ Child's Last name \_\_\_\_\_

Grade \_\_\_\_\_ Male  Female

Parent's Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

I AM INTERESTED IN ASSISTING AS A VOLUNTEER. Your Name \_\_\_\_\_

**MUST READ AND SIGN FORM TO PARTICIPATE:**

I the undersigned hereby expressly and affirmatively state that my child wishes to participate in the programs offered by Total Fitness. I realize that their participation in these activities involve risks of injury, including but not limited to muscle strains, sprains, shin splints, tendonitis, back injuries, heart attack and even the possibility of death. I also realize that there are many other risks of injury including serious and disabling injuries due to their participation in these activities and that it is not possible to specifically list each and every individual risk. However, knowing the material risks and that other injuries and even death are a possibility, I hereby expressly assume all of the outlined risks of injury, all other possible risk of injury and even death which could occur by reason of their participation. I have had an opportunity to ask questions. Any questions which I have asked have been answered to my complete satisfaction.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fill out and return with payment to: Total Fitness, 1110 -16th Ave Ct SE, Dyersville IA 52040**