

MOMMY FIT



Fit Moms Raising Healthy Families

Monday - Friday 9:30am-10:30am at The Fieldhouse

FIRST CLASS FREE!!!

All you need is an exercise mat, water, and a stroller if needed.

**Location:
11825 Technology Dr.
Fishers In 46038**



Mommy Fit is a boot camp style work out for all levels. Meet other moms, spend time with your kids and get fit all at the same time!

**Questions: Email Emily @ EmilyTamm@yahoo.com or
317-490-1974**

Registration & Liability Waiver

Mommy Fit @ The Fieldhouse

Please Submit By mail/in-person

11825 Technology Drive Fishers, IN 46038

INDIVIDUAL

Event Registration

NAME: _____

ADDRESS: _____

CITY: STATE: ZIP: _____

PHONE: _____

E-MAIL ADDRESS: _____

SHIRT SIZE: Small ___ Med ___ Large ___ X-Large ___ XXL ___

:

Activity Name: Mommy Fit **Month** _____

Children names and birthdates:

I/we do hereby acknowledge, recognize and accept the inherent risk of bodily injury, disability, paralysis and/or death to myself/ourselves and/or my/our children that exists as a result of my/our participation in any athletic endeavor, and specifically, by my/our participation in athletic endeavors offered or hosted by The Fieldhouse. As such, I/we do hereby agree to save, hold harmless and indemnify The Fieldhouse, its owners, employees, agents, and other individuals or entities operating on behalf of the The Fieldhouse, for any bodily injury, disability, paralysis, and/or death, that I/we and/or my/our child(ren) may sustain as a result of my/our participation in any athletic endeavor offered by The Fieldhouse. In the event that I/we or my/our child(ren) suffer some type of injury or illness which requires immediate medical treatment, I/we do hereby consent to and authorize the administration of such first aid and/or medical treatment to myself/ourselves and or my/our child(ren) by employees and/or agents of The Filedhouse trained to administer such first aid and/or medical treatment. I/we do further consent to and authorize employees and/or agents of The Fieldhouse to arrange for ambulance transportation for an appropriate medical facility for me/us and/or child(ren).

SIGNATURE: _____ DATE: _____

Parents: Please sign on behalf of yourself(ves) and your child(ren) under 18 years of age

Emergency
contact _____ Cell _____

Send to: HGBL Attn. Mark Tamm 11825 Technology Drive Fishers, IN 46038

Check (**Payable to HGBL**) Credit Card (MC or VISA only)

Credit Card _____ Ex-Date _____

Payment Information (Office Use Only):

Amount Received: \$ _____

Check Number _____ Cash _____

