



COMMUNITY & RECREATION CENTER  
AT BOYCE MAYVIEW PARK

# C&RC Complete Players Registration Form

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Guardian's Name *(if under 18)* \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Email \_\_\_\_\_

### Participant Skill Level:

Low

Moderate

High

### Position Most Frequently Played:

Point Guard

Shooting Guard

Small Forward

Power Forward

Center

### Please list your goals for these lessons:

\_\_\_\_\_  
\_\_\_\_\_

**Number of Sessions Requested:** \_\_\_\_\_ *(minimum of 2, discount applies for 8 or more)*

All payments for sessions must be made in advance of training at the registration office located at the main entrance.

**Group Registration:** Y N

### If yes please provide names of group members:

\_\_\_\_\_  
\_\_\_\_\_

### Preferred Days & Times *(please circle all that apply)*

#### Mornings

Mon                  Tues                  Wed                  Thurs                  Fri                  Sat                  Sun

#### Afternoons

Mon                  Tues                  Wed                  Thurs                  Fri                  Sat                  Sun

#### Evenings

Mon                  Tues                  Wed                  Thurs                  Fri                  Sat                  Sun



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# Training Waiver

In agreeing to participate with the Community & Recreation Center at Boyce Mayview Park, I agree to waive, release and discharge the C&RC and its officers, agents, employees, representative, executors, and all others from any and all responsibility or liability for injuries or damages resulting from participating in any activity in the program.

I understand all of the policies and procedures that are instituted by the community recreation center.

I understand I have the opportunity to discuss my specific needs with my trainer at any time.

I acknowledge the risks that are associated with the activities of the program and assume the risks, and agree to accept the responsibilities for any injuries. I understand that injury can arise from:

- Use of the equipment
- Participation in the assessment phase as well as the program
- Incidences that may occur within the C&RC

*We recommend that all clients receive a physical examination with their primary physician before starting training sessions.*

**After reading the above statements and having the opportunity to ask questions. I waive all liability and responsibility of the C&RC and the Basketball Instructor Training Staff. I understand my risks and fully accept responsibility for my participation in the personal training program.**

\_\_\_\_\_  
Participant's name (Print)

Date: \_\_\_\_\_

\_\_\_\_\_  
Participant's signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's signature (if under 18)

# Training Agreement

## Payment

All payments for sessions must be made in advance of training at the main control desk located in the lobby.

## Program Expiry Information

Complete player sessions do not expire however, participant will be contacted after 3months of inactivity from the previously scheduled session. Should participant choose not to continue with complete player sessions the monies associated with the remaining sessions will be placed on a C&RC gift card for use on other C&RC programs and services. Participant or guardian must submit request to Fitness Department Supervisor.

## Cancellations/Rescheduling

All cancellations must be made 24hrs in advance, with the exception of emergencies and/or illness, to the scheduled appointment or the session will be forfeited. To reschedule, the session must be made up within a week from the original date. If the trainer needs to cancel an appointment, the client will not be charged and the session will be rescheduled at the trainer's availability.

## Timely/Prompt Arrival

If the client does arrive late, this time will be deducted from the session. Clients are given up to 10 minutes before the session will be forfeited. After a client is over 10 minutes late, it will be left to the trainer's discretion whether to proceed with the appointment.

## Refunds

The Community & Recreation Center at Boyce Mayview Park personal basketball skill instructions packages are non-refundable. Before committing, please be sure the services match your needs.

\_\_\_\_\_  
Participant's name (Print)

Date: \_\_\_\_\_

\_\_\_\_\_  
Participant's signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's signature (if under 18)