



1800 West US-223, Adrian, MI 49221
 (517) 263-6232 • www.thecentre.info

Program / Class Registration

Welcome! To register for a program, please first call (517) 263-6232 ext. 0 to verify availability. Then fill out this form completely (if you've registered before or are a member only fill out items that have a *). Turn in this form by fax (517) 265-3041, mail, or drop it off. Thank you!

How did you hear about this program? * Referral _____ Newspaper _____ Postcard/Mailer _____ Radio _____
 Spotlight/Newsletter _____ Church _____ LCS _____ Workplace _____ Website _____ Other _____

Name of Program* _____ Session Dates* (subject to availability) _____

Name* _____ Member # * _____ Guest* Female Male

Street Address (Add PO BOX if applicable) _____ Home Phone _____ Birth date (MM/DD/YYYY) _____

City _____ State _____ Zip _____

Email Address (will not be shared) _____ Check here if you'd like to be on our email list

Parent/Guardian Name _____ Phone Number (if different) _____

Emergency Contact _____ Phone _____ Cell Phone _____

The undersigned, individually and as parent(s) or guardian(s) of all children in his/her family, hereby releases the Christian Family Centre (The Centre) and any associated persons or employees from any claims for personal injury, loss or damage done to personal property while the undersigned and other family members are on the Christian Family Centre premises or while the undersigned and other family members are participating in any Christian Family Centre sponsored program or activity. This release includes, but is not limited to, the use of the fitness centre, bowling, classes, leagues and other events. It also includes field trips and other off-site programs and events sponsored by the Christian Family Centre.

With your registration for any Christian Family Centre program, you agree to allow publication of any photos taken at any program, event, etc. that may be used to promote the Centre's offerings, unless you specifically notify the Centre at the time of registration.

Parent/Guardian/Individual Signature _____ Date* _____

PAYMENT INFORMATION (optional)

Cash Check MasterCard Visa Card # _____

Exp. Date _____ Name of Cardholder: _____

Please charge: _____ to my credit card. Signature: _____

OFFICE USE ONLY

Fee Paid: _____ Cash Check MasterCard Visa

Date _____ Staff Signature: _____