



University of Nevada, Reno
Fitness & Recreational Sports

FITNESS 101 COURSE REGISTRATION FORM (PLEASE PRINT)

Enrolling for Term:		Course #1	Course #2
PARTICIPANT INFORMATION			
Last Name:		First:	MI:
Have you ever participated in Fitness 101? Yes <input type="checkbox"/> No <input type="checkbox"/>		Preferred Name or Nickname:	Date of Birth
Street Address for Refund of Deposit:		Phone #:	
PO Box:	City	State:	Zip Code:
Emergency Contact:		Relationship:	Emergency Contact Phone #:
Fitness History: Is there anything we need to know about you, your exercise history or your ability to fully participate in Fitness 101? If yes, please explain. Use reverse side if needed.			
<u>EMAIL (Required):</u>			
Signature:			
Preferred Days & Times (Must attend 3 days a week for 5 weeks):		M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input checked="" type="checkbox"/>	
Day 1: Mon or Tue = same workout			
Day 2: Wed or Thu = same workout			
Day 3: Mandatory Friday Workout Test		12:00 PM <input type="checkbox"/>	5:30PM <input type="checkbox"/>

Circle Type & Shirt Size *Perfect attendance required for t-shirt	Today's Date:
Men or Women XS / Sm / M / L / XL / XXL / XXXL	
\$50 Deposit Refunded if 15 / 15 sessions are completed. By initialing here, I acknowledge my deposit is forfeited if I do not attend the required 15 classes. _____	

DEPOSIT / PAYMENT INFORMATION			
To be completed by ELW Staff			
FUSION Transaction #	Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check <input type="checkbox"/>	Staff Name (Print):	Time of transaction:
STAFF Reviewed all participant information is correct and refund policy was explained? Yes <input type="checkbox"/> No <input type="checkbox"/>			

