



**How did you hear about us?**

Leisure Magazine       Web Site  
 Friend                       Freedom Brochure  
 Other \_\_\_\_\_

**PROGRAM REGISTRATION DATA FORM**

**Primary Adult - Paying Parent or Adult Participant** (Please print clearly)

Mr/Ms/Miss/Mrs (circle one) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-Mail \_\_\_\_\_ (Enter only if you want us to use email to contact you)

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Second Paying Parent or Adult Participant**

*Address and phone numbers required only if different than Primary Adult*

Mr/Ms/Miss/Mrs (circle one) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Relationship to Primary Adult \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ (Enter only if you want us to use email to contact you)

**Participant under Age 18**

*Address and phone numbers required only if different than Primary Adult – Primary Adult address will be automatically assigned to child participants unless otherwise specified. Note that written correspondence will be sent to the address of the person enrolled in the program.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Relationship to Primary Adult \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender - MALE/FEMALE (circle one)

Mailing Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ (Enter only if you want us to use email to contact you)

**Participant under Age 18**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Relationship to Primary Adult \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender - MALE/FEMALE (circle one)

Mailing Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ (Enter only if you want us to use email to contact you)



**CLASS REGISTRATION FORM**

**NOTE: If you are not a Freedom member OR this is the first Freedom program registration you have submitted since August 15, 2005, you must complete and submit a PROGRAM REGISTRATION DATA FORM in addition to this form.**

\_\_\_ I need ADA accommodations

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**WAYS TO REGISTER**

- FAX** your registration to 703-993-8478 (VISA/MasterCard payment only).
- MAIL** your registration with payment to: Freedom Aquatic & Fitness Center, 10900 University Drive, MSN 5F6, Manassas, VA 20110.
- WALK IN** anytime during business hours or **CALL** 703-993-8513 (VISA/MasterCard payment only).

**IMPORTANT TO KNOW**

Confirmation letters will be sent if registration is received 7 days prior to class start date.  
 Classes are subject to cancellation if minimum enrollments are not met 5 days prior to class start date. If a course is cancelled participants will be notified and are eligible for a full refund.  
**Participant initiated refunds are prorated and subject to a \$10 processing fee. Allow 4-6 weeks for processing. A \$10 processing fee is charged for participant initiated class transfers.**

**PAYING PARENT OR ADULT PARTICIPANT INFORMATION**

Mr/Ms/Miss/Mrs (circle one) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**If your address, phone, email (optional), or emergency contact information has changed since the last time you registered for a Freedom membership or program, please provide updated information on our Program Registration Data Form.**

PARTICIPANT NAME	CLASS TITLE	START DATE	TIME/DAY	CLASS FEE
				\$
				\$
				\$
<b>TOTAL</b>				\$

**Amount Paid \$** \_\_\_\_\_

Cash    Check \_\_\_\_\_ (check number)  
 Make checks payable to **Freedom Aquatic and Fitness Center**

Credit Card   \_\_\_ Visa   \_\_\_ MasterCard   Exp. Date \_\_\_\_\_

Account Number \_\_\_\_\_ Signature \_\_\_\_\_

**For staff use only:**

Date \_\_\_\_\_

Time \_\_\_\_\_

Staff signature \_\_\_\_\_

Due to the strenuous nature of some activities, all participants are urged to consult a physician concerning ability to participate. All activities present inherent risks and hazards, which the participant assumes. I hereby agree to release and hold harmless George Mason University, the City of Manassas and Prince William County, its officers, agents, and employees from any and all actions, claims or liability resulting from or arising out of or based upon any bodily injury or property damage which may be sustained by myself or my child while participating in the program.

**Signature** of participant, parent/guardian of child participant \_\_\_\_\_ **Date** \_\_\_\_\_