



# Healthy Heart 2024/2025

# Fitness Program - Registration

Name of Member: \_\_\_\_\_ (please print)

This confirms my interest in participating in the Healthy Heart exercise program and acknowledges my understanding that the program does not offer any professional trainers or medical support personnel. Rather, it is simply a group of Country Club Communities Members gathering to participate in a common interest of fulfilling a regular exercise format. I acknowledge it is my responsibility to ascertain from my personal physician that this program is appropriate for me.

Certain Covid 19 regulations remain and will continue to be subject to change without significant notice. Completion of this registration form confirms I will conform to all present and future regulations. \_\_\_\_\_ (please initial)

Class sizes have been limited to a maximum of 16 members and Healthy Heart has been authorized to have 5 groups which will be participating in the mornings on Monday, Wednesday & Friday and Tuesday, Thursday & Saturday. Every effort will be made to accommodate stated preferences, but some flexibility may be required. Classes are first come, first served - no exceptions.

Please indicate your preferred selection below by placing a circle around your first choice.

Mon-Wed-Fri	8:00	9:30	11:00	Second choice (if any) _____
Tue-Thur-Sat	9:00	10:30		Second choice (if any) _____

1. Would you be willing to serve as a Group Leader Yes  No
2. Please indicate the months you anticipate being available to participate.

Months	Nov. <input type="checkbox"/>	Dec. <input type="checkbox"/>	Jan. <input type="checkbox"/>	Feb. <input type="checkbox"/>	Mar. <input type="checkbox"/>	Apr. <input type="checkbox"/>
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## Fitness Program Waiver

Canadian Country Club Communities Ltd (CCCC) and Loyalist Country Club (LCC) are not responsible for the contents of this program or your participation in it. CCCC and LCC make no representation that the individuals choosing to lead this program or the exercises within it are experts in the field of personal health and fitness.

Participants are responsible for monitoring their own level of exertion and proper use of equipment.

I have read the above information and fully understand my obligations within it.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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