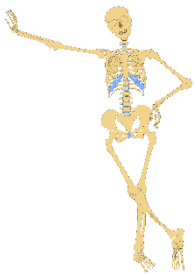

Bone Builders 2026/2027 Fitness Program - Registration

Name of Member: _____ ***(please print)***

This confirms my interest in participating in the Bone Builders 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.

Class sizes have been limited to a **maximum** of 35 members and Bone Builders has been authorized to have 1 group which will be participating in the afternoons on Tuesdays & Thursdays. 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 if you can attend both days, or one day a week. Circle your selection.

Tuesday	1:30PM	Second choice (if any) _____
Thursday	1:30PM	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. □	Dec. □	Jan. □	Feb. □	Mar. □	Apr. □

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: _____