Healthy Heart 2026/2027 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.

Class sizes have been limited to a **maximum** of 20 members and Healthy Heart has been authorized to have 4 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 <u>circle around your first choice.</u>

Mon-Wed-Fri 8:00 9:30 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. □	Dec. □	Jan. □	Feb. □	Mar. □	Apr. □

<u>Fitness Program Waiver</u>

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: _____