



**SKY ZONE™**

## SkyRobics Registration

Participant Information	
Participant Name (First, Last)	Home Phone #
Address (#, street, unit), City, Zip Code	Cell #
Bus. #	Email Address*

***\*Sky Zone members may be contacted via email about schedule changes, SkyRobics/Sky Zone updates, or special offers/discounts.***

How did you hear about SkyRobics? \_\_\_\_\_

We recommend that you consult a physician before participating in any SkyRobics classes.

**I understand that the staff employed at this facility is not qualified to make medical assessments of my health or my physical ability to attend this exercise program, and it is my responsibility to check with my physician before starting any exercise program.**

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

Member's Printed Name: \_\_\_\_\_