



**FITNESS 2016-2017**

Personal Information	
Name	
Street Address	
City, State, Zip	
Date of Birth (month/day/year)	
Cell Phone Number	
Home Phone Number	
Email	
TPCC Member?	Yes                  No
How did you hear about us?	
Please make checks payable to TPCC (Traders Point Christian Church).	
Monthly passes available at the beginning of each month or the week before.	

**TRADERS POINT CHRISTIAN CHURCH  
PARTICIPATION FORM**

**Name of Participant** \_\_\_\_\_

I understand there are inherent risks involved in any ministry or athletic event, and I hereby release Traders Point Christian Church, its pastors, employees, agents, and volunteers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my (or my child's) involvement. In the event that I am (or my child is) injured and require(s) the attention of a doctor, I consent to any reasonable medical treatment deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by my health insurance provider.

\_\_\_\_\_  
Signature of Participant, Parent, or Guardian

\_\_\_\_\_  
Date