

# HOW DO I SIGN UP?

## RETURN REGISTRATION FORM TO:

Community Life Center, FUMC  
 214-A South Partin Drive  
 Niceville, FL 32578

Registrants may drop off this form and registration fee at the recreation office anytime between  
 6am-9pm  
 Monday, Tuesday & Thursday  
 6am-2pm  
 Wednesday & Friday  
 8-12  
 Saturday

## REGISTRATION INFORMATION

Every participant MUST complete a registration form in full to participate. Registration is not complete until a completed form is received at the Community Life Center.

**INCENTIVES**

100 miles - **Free T-Shirt**

250 miles - **Gift Certificate**

500 miles - **Gift pack**

750 miles - **½ off Body Recall  
 or \$25 CLC Fitness Card**  
*(good for 10 free classes of your choice)*

1000 miles - **New Shoes Certificate**

1500 miles - **Dinner Certificate**

2000 miles - **Free Massage**

For more information contact:  
**COMMUNITY LIFE CENTER WELCOME DESK**  
 850.678.2821, x. 0  
 Visit our website: [www.CLCNiceville.org](http://www.CLCNiceville.org)



## CROSS-WALK REGISTRATION FORM



Last Name	First Name	Home Phone
Address	City	Zip Code
Date of Birth	Email Address	Shoe Size:

### PARTICIPANT INFORMATION

**Where do you plan to walk?** (circle one)  
 CLC Treadmill    CLC Gym    Home/Neighborhood    Area Health Club    Combination

**What is your walking goal, in miles?** (circle one)    250    500    1000    1500    2000

**What is your purpose for walking?** (circle one)  
 Free Stuff    Exercise    Doctor Prescribed    Wellness    Combination

**Would you be interested to learn about prayer walking to maximize your experience?**  
 (circle one)    Yes    Not Right Now

### PLEASE READ CAREFULLY - SIGNATURE REQUIRED

Do you have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical conditions?    Y/N    \_\_\_\_\_  
 If YES, please state condition \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

If you wish to have your doctor contacted in case of emergency: Doctor \_\_\_\_\_ Phone \_\_\_\_\_

### EMERGENCY AUTHORIZATION

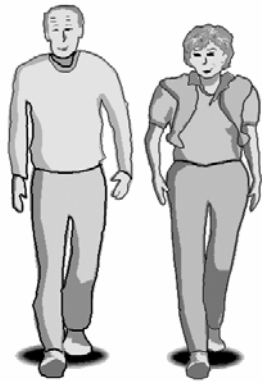
I, the undersigned, hereby authorize the staff or volunteers acting in the capacity of activity supervisors/vehicle drivers, as my Agents to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital. In an emergency situation, please notify the emergency contact listed above.

AUTHORIZATION SIGNATURE \_\_\_\_\_

### WAIVER OF LIABILITY, DISCLAIMER AND PERMISSION

I, the undersigned, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that programs of the Community Life Center are primarily administered by volunteers, rather than paid professionals. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge and hold harmless First United Methodist Church and the Community Life Center, volunteers and other representatives from any claim arising out of or relating to any physical injury that may result to said individual while participating in a CLC sponsored event, including any physical injury by the negligence of any agent of the CLC

SIGNATURE \_\_\_\_\_



RECREATION  
FUN  
EXERCISE  
WELLNESS  
FITNESS  
FREE GIFTS

*Walk Where you want*  
*Simply record your miles at the CLC*



## WALKING CLUB

- NOW FORMING -

### LOTS OF INCENTIVES

100 miles  
Free T-Shirt

250 miles  
Gift Certificate

500 miles  
Gift pack

750 miles  
50% off Body Recall  
or \$25 CLC Fitness Card  
*(good for 10 free classes of your choice)*

1000 miles  
New Shoes Certificate

1500 miles

DATE \_\_\_\_\_

Dinner Certificate

2000 miles  
Free Massage



## WALKING CLUB

**The Community Life Center**

214-A South Partin Drive

Niceville, FL 32578

[www.CLCNiceville.org](http://www.CLCNiceville.org)

**For Information call:**

**850-678-2821**

*Sign Up Now!!*



*All Ages*