NEW BERN PARKS AND RECREATION
STANLEY WHITE RECREATION CENTER
901 CHAPMAN
NEW BERN, N.C. 28560
PHONE: (252) 639-2919 FAX: (252) 636-0676
EMAIL: bullockj@newbern-nc.org

MTE Fitness Registration Form

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Age _____ Birth Date _____ Home Phone Number _____

Place of Employment _____ Work Phone _____

In Case Of Emergency Contact _____ Phone _____

Do you demonstrate or has a physician ever diagnosed you with any of the following conditions? Check all that apply.

____Allergy problems

____Asthma (breathing problems)

____High blood pressure

____High Cholesterol

____Heart Condition

____Heart Condition (current, explain)

____Diabetes (sugar diabetes)

____Hepatitis B or C

____Back Pain

____Broken bone / fracture

____Chronic Fatigue Syndrome

____Heart attack (in the past, when?)

____Other health related problem NOT listed above

If you checked any of the previous medical conditions, it is encouraged that you seek a physician's approval prior to participating in this exercise program.

By signing on the line below I assume all risks and responsibilities while voluntarily participating in **MTE Fitness**. I do hereby indemnify Mission Triangle E / City of New Bern Parks and Recreation against any loss, which might be incurred by my participation in this activity. I hereby waive all claims against Mission Triangle E / City of New Bern Parks and Recreation staff, instructors, volunteers, sponsors and other participants involved in this activity. I consent to the use of my image (photograph) to be used in the promotion(s) of the program(s).

Date _____ Signature _____

REVISED 10/26/10