New Bern Parks & Recreation
Stanley White Recreation Center
901 Chapman St.
New Bern, NC 28560
Telephone: 252-639-2919/Fax: 252-636-0676
Email: bullock@newbern-nc.org

# MTE FITNESS REGISTRATION FORM

Name:_____E-mail:_____
Last First Middle

Address:_____
Street City State Zip Code

Age:_____ Birth Date:_____ Home Phone #:_____Cell #:_____

Place of Employment:_____ Work Phone #:_____

Emergency Contact:_____ Phone #:_____

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

_____Allergy problems

_____Asthma (Breathing problems)

_____High blood pressure

_____High Cholesterol

_____Chronic Fatigue Syndrome

_____Diabetes (sugar diabetes)

_____Hepatitis B or C

_____Back Pain

_____Broken bone/fracture

_____Heart Condition (current, explain)_____

_____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 not hereby indemnify Mission Triangle E/City of New Bern Parks & Recreation against any loss, hich 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, instructions, 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:_____

**For office use only:**

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Date Paid:_____

Renewal Date:_____

Received by:_____ Receipt No.:_____

REV: 2/12/15