



Class Time: \_\_\_\_\_

Drop In? \_\_\_\_\_

### Courtesy Guest Card and Waiver

Name: \_\_\_\_\_ Parent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Children: \_\_\_\_\_

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

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

Have you previously been a CrossFit Affiliate Member? Yes No

Have you ever performed Olympic lifts? Yes No

Is there anything else we should know about you prior to you working out in the facility?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Which of the following interests you?

- Youth Training
- Speed Development
- Personal Training
- CrossFit
- Olympic Lifting
- Performance/Endurance Training
- Yoga
- Weight Loss/Nutrition

#### How did you hear about Alpha Omega Sports Performance?

- Member
- Nearby Business
- Drive By/Walk-in
- GBA&F
- Radio/Newspaper/TV
- Other \_\_\_\_\_

#### Waiver

*I accept responsibility for my use of any and all apparatus, appliances, facility, privilege or service whatsoever, owned and operated at this club at my own risk, and shall hold this club, its shareholders, directors, officers, employer's representatives and agents harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by me resulting therefrom.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AOP Rep: \_\_\_\_\_