

**MCS FITNESS ROOM
MEMBERSHIP AGREEMENT**

FIRST & LAST NAME: _____

Telephone number: _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY CONTACT TELEPHONE: _____

I have attended training for the FITNESS CENTER/WEIGHT ROOM. I have read and agree to follow the established rules and guidelines for the safety of myself and my school.

Signature

Date

Trainer Name: _____ Trainer Signature: _____