

**University of Michigan
Division of Kinesiology**



1256 CCRB, 401 Washtenaw Ave.
Ann Arbor, MI 48109-2214
(734) 764-1342

Instructions:
- Read policies on facing page
- Complete and sign form
- Please Print Legibly

Registration Form

First Name _____
Last Name _____

Day Phone _____
Evening Phone _____

Address _____

E-Mail Address _____
UMID _____

City _____ State _____ Zip _____

Participant Status:

Do you have any medical problems of which the teacher should be aware ?

Yes No

If yes, please explain: _____

Kinesiology Student

Community Member

Student

Other

Faculty/Staff

Course/Section _____ Course name _____ Day _____ Time _____ Cost _____

I, the undersigned, assume full responsibility for my health and well-being while participating in U-Move Fitness classes. I understand participation in this program is voluntary, therefore, neither the University of Michigan, nor the Division of Kinesiology, nor its instructors, nor its staff are responsible for injury sustained while participating in the classes. I have read and agree to follow the policies stated in the current U-Move Fitness brochure.

Sub-Total: _____

Signature: _____ **Date** _____

\$15 Limited User Pass: _____
(Fall & Winter Semesters)

* Entry to UM Rec Sports facilities requires a current student ID or Rec Sports user pass. If you are not a currently enrolled student or do not possess a Rec Sports user pass, please add \$15 per semester to cover the cost of a Limited User Pass to enter the building for your class(es).

\$8 Limited User Pass: _____
(Spring & Summer Semesters)

Payment

(if other than cash or check)

Bill my student account.

Charge my Visa or Mastercard

Cardholder Name: _____

Acct. Number: _____

Expiration Date: _____

Signature: _____

For Office Use Only

Check # _____

Check Amount _____

Cash _____

Comments: _____

For Office Use Only

Total Due: _____

Please make checks payable to

UM Kinesiology