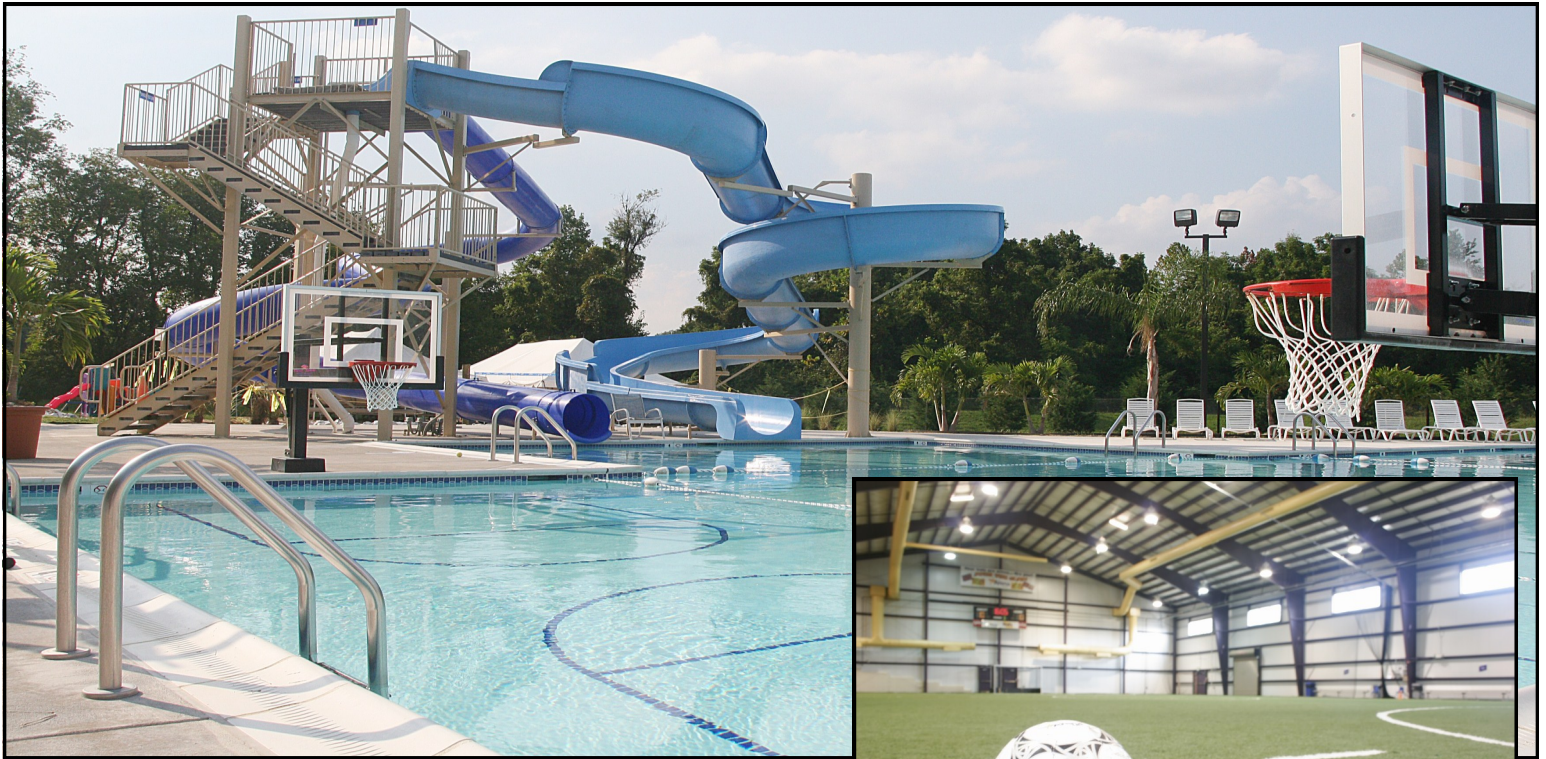


2014 TEEN NIGHTS



UPCOMING DATES:

Friday, May 30	8:30pm - 11:00pm
Friday, June 27	8:30pm - 11:00pm
Friday, July 25	8:30pm - 11:00pm
Friday, Aug 15	8:30pm - 11:00pm
Friday, Sept 12	8:30pm - 11:00pm



DETAILS:

- ▶ For Boys and Girls entering 6th to 10th grade
- ▶ Live DJ every Teen Night - enjoy dancing with your friends to the latest music
- ▶ Swim in our heated pools
- ▶ Play soccer, kickball, or other games on our indoor turf field
- ▶ Pizza and drinks available for purchase (\$2 for a slice of pizza / \$1 for a drink)
- ▶ Bring your friends, members and non-members welcome!

COST:

- ▶ \$10 per teen if you register in advance (prior to each date)
- ▶ \$15 per teen on the day of each Teen Night
- ▶ Walk-ups are accepted / we encourage advance registrations to guarantee a spot

410-734-7300

2304 Churchville Road, Bel Air, MD 21015

www.thearenaclub.com



Program Registration Form



NAME OF PROGRAM: _____

DAY(S) OF PROGRAM: _____ DATE(S) OF PROGRAM: _____

PARTICIPANT'S NAME: _____ MEMBER: Y N

AGE: _____ DOB: ____ / ____ / ____ GENDER: Male Female

PARENT NAME (if participant is under 18): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME #: _____ CELL #: _____

EMAIL: _____

EMERGENCY CONTACT: _____ CELL # _____

HEALTH INFORMATION: Please list any special needs, medical or behavioral conditions, or medications that we need to be aware of to ensure your child's safety (allergies, asthma, etc.)

RELEASE: I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but not limited to exercise classes, cardio, strength equipment, pools, field activities) shall be undertaken by me at my sole risk. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees or agents. I understand that I must be a current member in good standing at the time of service to receive member discount. I understand that all images (photographic and video) taken can be used in future marketing.

Signature / Parent or Legal Guardian must sign if participant is under 18 _____
Date

PAYMENT INFORMATION:

TYPE OF PAYMENT: _____ CHECK _____ CASH _____ CREDIT CARD (Visa & MC accepted)

VISA / MC # _____ EXP: _____

AMOUNT PAID: _____ DATE PAID: _____

Staple Receipt Here
↑