

Welcome to our organization where we work to promote education, wellness, and service while raising money for scholarships. We look forward to getting to know you and working with you toward your goals.

Contact Information

Name: _____ School ID: _____ Campus: _____
Student ___ | Phi Theta Kappa Member: YES ___ NO ___ NO, but please send me information about PTK ___ | Parent
Address: _____ City: _____ Zip Code: _____
E-Mail Address: _____ Phone Number: _____

Events Attending and Fees

Please select your challenge or event by initialing below. Payments can be made in person or at: www.squareup.com/store/funnationfoundation

_____ \$5 Students Semester Steps Challenge Dates: _____ - _____	_____ Walk4Wellness Events
_____ \$10 Staff, Faculty, Guests Semester Steps Challenge Dates: _____ - _____	_____ \$25 FunNation 5K
_____ Sponsor a student for \$5 _____ Sponsor a Staff, Faculty, Guest for \$10	
_____ Healthy Dish Cook-Off \$10 _____ Zumba Combo Workout	

*All workouts are a suggested donation of \$5 except for the Walk4Wellness, with the exception of our FunNation 5K Walk4Wellness.

Health and Fitness Weakness/Strength/Semester Goal

To help reach our goals, it is always good practice to assess where we are.

My wellness goal is: _____
1. Weakness: _____
2. Strength: _____

Request for Modification

Please describe any modification you may need due to an illness or disability, enter N/A if none:

Person to Notify in Case of Emergency

Name: _____ City: _____ Zip: _____
E-Mail Address: _____ Phone: _____

Our Policy and Liability Release

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. All minors under the age of 18 must be accompanied by a parent or legal guardian. We strongly encourage each participant to consult their physician prior to starting any fitness program. Any user of our activities and workouts assumes the risk of injury resulting from performing the exercises or using suggested equipment. Our suggested instructions or advice are in no way a substitute for medical counseling. The organization, its owners, subcontractors, workout leaders and volunteers disclaim any liability in connection with the exercises and advice herein. I agree and hold harmless FunNation Foundation, its owners, subcontractors, and volunteers from any harm or damage which may occur and will not be held responsible for lost or stolen goods. I release any and all photos taken at the organizations events to be used for future marketing purposes.

Signature and Agreement

Name (printed): _____ Youth Name : _____
Authorized Signature: _____ Date: _____

THANK YOU☺

www.funnation.org

Have Fun | Get Healthy | Give Back